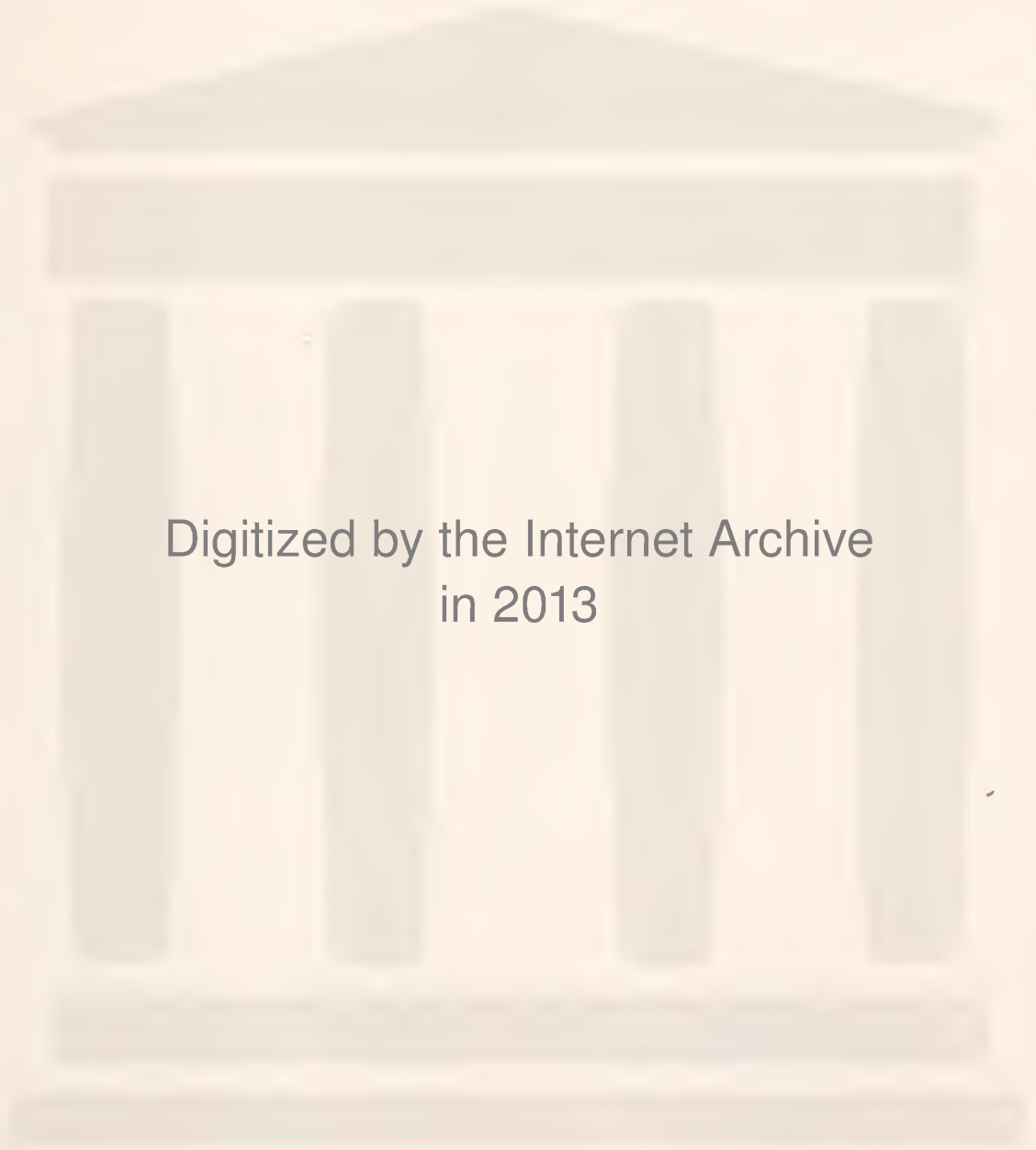
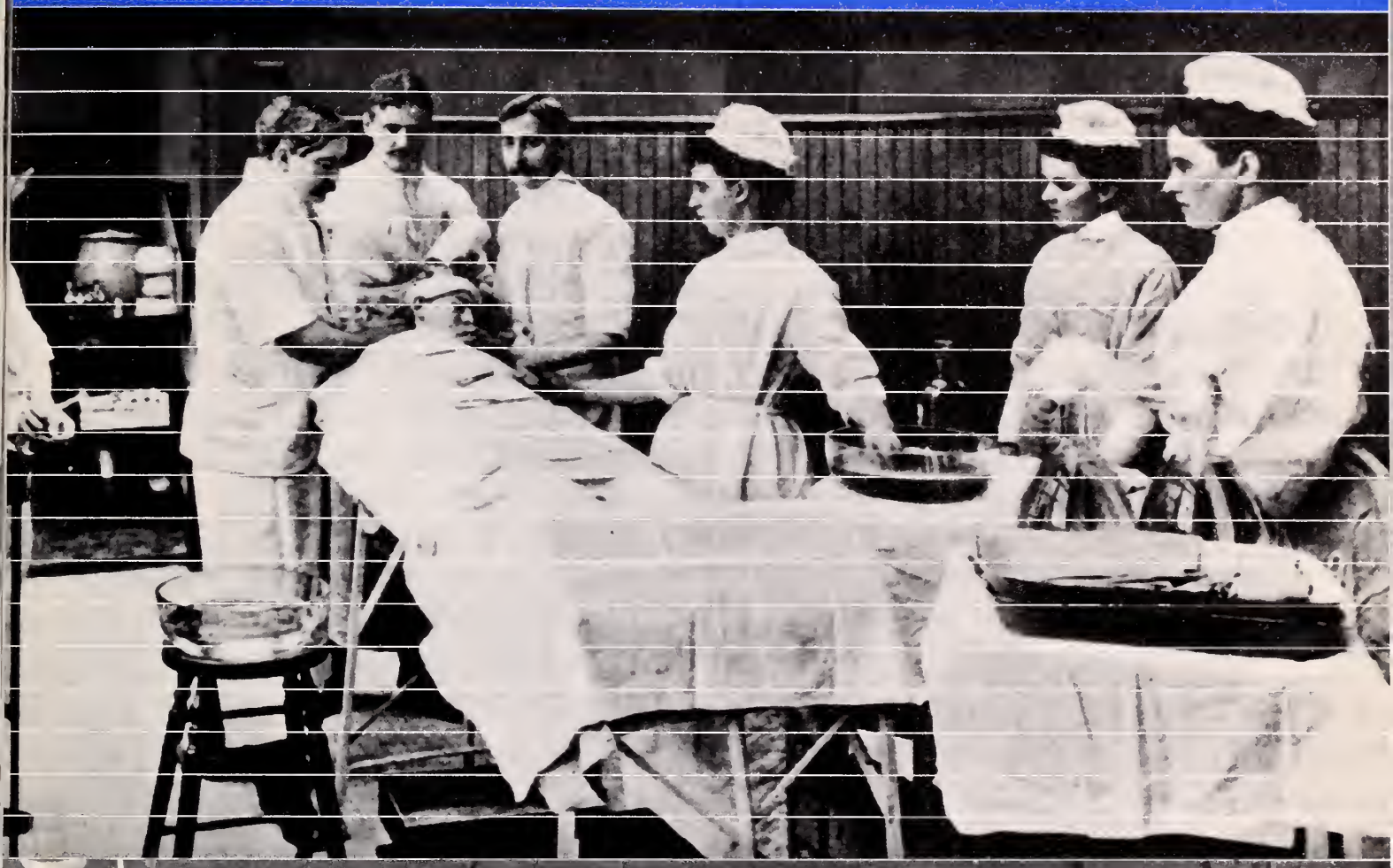


The Society of the New York Hospital

1980 Annual Report



The New York Hospital traces its history and tradition back to 1771, before the nation itself was born. It is an institution which burned down once before its first patients were admitted. Those first patients were British soldiers who occupied New York City during the Revolutionary War, soldiers of the same King George III by whose charter The Society of the New York Hospital was founded.

It is an institution which has witnessed and participated in two centuries of good times and bad times of one of the vastest, most tumultuous, cities in the world. New Yorkers injured in the Civil War draft riots were treated here. So were victims of the influenza epidemic during and after the first World War, a war to which the Hospital sent scores of physicians and nurses to care for the wounded and dying in the trenches of France. It was a New York Hospital nurse, Lillian Wald, who founded the Henry Street Settlement House and helped direct the attention of affluent native citizens to the illness, neglect and misery of impoverished immigrants on the lower East Side.

It was here that Dr. Vincent DuVigneau did his work on sulfa compounds, achieving the first synthesis of a polypeptide hormone. For this he received the 1955 Nobel Prize in chemistry. Dr. George Papanicolaou worked in modest quarters here and at our great sister institutions, the Cornell University Medical College, the Rockefeller University and Memorial-Sloan Kettering Cancer Center to develop the "Pap test."

There have been very sad times: for example, the phasing out of the School of Nursing from sheer financial necessity after 101 years of distinguished leadership, particularly in the increasing professionalization of nursing.

Nevertheless, the Hospital never paused in its growth, never faltered in its total commitment to the highest level of patient care, medical education and research.

Today, the crises tend to be financial. The demand for health care is geometrically rising. Also rising is the patient's level of sophistication. Magazines, newspapers, television and radio seem at times saturated with information about medicine and health. Successive administrations in Washington, and at the state and municipal levels, particularly in New York, raised consumer expectations, funded more medical colleges and nursing schools, and generously supported medical research. Labor unions made good care more accessible to their members.

Now the virtual blank check for medical providers and consumers has been withdrawn. Result: bankruptcy and extinction for hundreds of hospitals nationwide; thousands of acute care beds removed from service in New York City alone; government regulatory bodies expanding, hospital staffs shrinking. The New York Hospital, like large and small hospitals everywhere, finds itself facing this acute fiscal crisis, which no one doubts will last through the 1980's.

We and other hospitals need all the encouragement and material support we can get, from private and public sources, to see us through this decade of challenge. The founders of the Hospital and their successors — our predecessors — faced crisis and weathered it, time and again. Like them, we the present stewards perceive the 1980's not only as a period of crisis but one of transition and opportunity, of rededication and growth.

Contents

About the Cover

A century of progress separates these operating room scenes atThe New York Hospital. The tradition of intense personal concern and expert care remains unchanged.

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The New York Hospital Archives,
Ann Chwatsky,
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I. Governance

Board of Governors

I am very pleased to advise our many friends within and outside of The New York Hospital, that the Board of Governors elected Robert S. Hatfield, as its President, effective on January 1, 1981.

Robert S. Hatfield

Mr. Hatfield has had a long and successful career in The Continental Group, latterly as its chairman and chief executive officer. He is a director of General Motors, Johnson & Johnson, Citicorp, Kennecott, Eastman Kodak, Standard Brands, and the New York Stock Exchange, and is a member of the executive committee of The Business Council, as well as a trustee of Cornell University. This background of experience will be most beneficial to our hospital in solving the increasingly difficult problems which will face medical centers such as this one in the decade ahead. His personal qualities are such as to command respect throughout our institution.

The board has, concurrently, asked me to become its chairman, to help in the transition of the presidency, and in whatever other areas where the experience of twenty-five years on our board may be helpful. I have happily complied.

The board also elected Kenneth H. Hannan to be a life governor. Ken Hannan served our hospital in many capacities, principally as my predecessor in the office of president from 1966 to 1974, and since then on various committees, and as a loyal advisor to our board. He will continue to be of great help to the board and to the hospital.

The listing of the various board committees at the front of this annual report will give an idea of the many activities to which our board members are devoted. This increasingly active board has become a most helpful part of the overall governance structure of the hospital and few governors fail frequently to meet with operating management on a wide variety of subjects. Gone are the days when a "two-hour meeting," ten or eleven times a year, sufficed as the activity of the Board of Governors.

A further indication of this increasing interest at board level is also the fact that over the past 15 scheduled board meetings, 60 percent of the membership of 30 governors have, on an average, attended the regular meetings; a remarkable figure for the board of such an institution.

The Medical Center

Not to be overlooked among the highly important "people changes" within the New York Hospital-Cornell Medical Center, was the appointment, on September 1, 1980, of Dr. Thomas H. Meikle to be the dean of the Cornell University Medical College. Nothing is more important to the success of a great medical center than a close, friendly and cooperative relationship between the dean of the affiliated medical school and the director of the hospital. This has now been totally achieved, not only in day-to-day management of the whole center, but equally so for the achievement of excellence in medical practice and education.

The small "Joint Board," made up of hospital governors and Cornell trustees, has the responsibility to review matters of joint hospital/medical school interest, to arbitrate, when necessary, problems that may arise between the two institutions, to recommend solutions to the respective governing boards and, importantly, directly to supervise the two vital center activities of fund-raising and public affairs.

Stanley de J. Osborne

Hospital Management

The management of our hospital has become increasingly complex. As a measure of this, revenues during the decades of the 1970's have increased 288 per cent. The pace of change in health care is truly dramatic. In order to better cope with these developments, a realignment of management responsibilities was announced at year end.

Dr. David Thompson, vice president and director of the hospital, will focus his efforts on overall policy matters and on the future direction of the hospital in health care. He will supervise, in cooperation with the Dean of the medical college, the installation of a long-range strategic planning process so critical to a successful future for the hospital and center. In addition, Dr. Thompson will be giving his attention to the ever-increasing and essential activities of government relations at all levels, the community and the important professional groups which represent the nation's hospital interests.

In order to carry out these activities, Dr. Thompson has delegated to Dr.

Melville A. Platt, executive associate director, complete responsibility for day-to-day operations and professional activities of the hospital and center.

Julius D'Elia, senior associate director, will take direct charge and responsibility of the important financial and administrative services.

Dr. Eleanor C. Lambertsen, who has stated her intention of turning over her duties as head of the division of nursing, as soon as a successor is selected, will continue as senior associate director and assistant to Dr. Thompson, in the "Forward Planning" program. Dr. Lambertsen has had a brilliant career within the nursing profession, and has been an essential participant in the center's activities, both as dean of the Nursing School and head of the division of nursing. Her life-long interest in medical and nursing planning will find full scope in her new activities with the various planning groups.

I am happy to say, that all of the above actions have been very well received and should contribute to more effective management of hospital affairs.

Clinical Departments

A number of changes have taken place in the leadership of some of our clinical units.

We are pleased to report that Dr. Maria I. New was appointed to succeed Dr. Wallace W. McCrory, who remains on our full-time staff, as pediatrician-in-chief and chairman of the Department of Pediatrics in the medical college.

To succeed Dr. James A. Moore, who is now retiring as the distinguished otorhinolaryngologist-in-chief, Dr. Robert W. Selfe, another member of our full-time staff, has been appointed to head this department, including the development of joint programs with Manhattan Eye, Ear and Throat Hospital. This combined program should prove beneficial to this medical center and to MEETH.

Dr. H.E. Williams, physician-in-chief, resigned at mid-year, and a broad search has been undertaken to find a successor to this very important post. We are optimistic that we will soon accomplish this vital task.

Filling the latter post will finally complete the essential task of appointing six important clinical department chiefs, a major effort over some time.

It is no exaggeration for me now to say that our large number of clinical departments and interdisciplinary centers can boast excellent leadership, and are showing important progress in clinical and academic excellence.

At the same time, it is with great regret that we are losing the head of our excellent and expanding Burn Center, Dr. P. William Curreri. He is becoming chief of the Department of Surgery at the new University of Southern Alabama, and we wish him all success.

The practice of medicine, the survival of first-class hospitals, the excellence of academic medical education, and, not to be ignored, the fiscal integrity of the care of the sick, is going through a period of vast and risky changes. To meet these challenges we must respond with change that, hopefully, will enhance our ability not only to survive, but constantly to improve the quality of our clinical practice in the care of the sick, and of the education of the future medical practitioners, researchers and teachers.

II. Survival

Amidst the optimistic outlook which is obvious about the improving quality of patient care delivery, about improvement in facilities, and in the constantly improving management of our many resources, we must express great concern about our ability to survive in view of the unrealistic fiscal behavior of the many authorities who control the inflow of our operating funds.

Radical changes have occurred over the past quarter of a century, in both costs and income.

No longer is it possible, nor reasonable, to employ hospital employees at wages below those paid for similar skills or ability in the surrounding community. That day is long past. Wages and salaries and employee benefits are now competitive and it must also be recalled that 69 percent of our total annual expenditures are within this category.

The excellent effort over the recent years, to bring these costs to a level consistent with proper patient care, has been done. Today we can say, without fear of contradiction, that we have reached the absolute limit of this option.

So much for the 69 percent; what about the remaining 31 percent? These costs are for energy, of which we are large users on a 24 hour-a-day basis; food; medical supplies, x-ray film and laboratory supplies; blood for transfusions, and so on through a long list of purchases from outsiders. Need I remind anybody what inflation has done to all such costs, be they in the home, industry, or hospital?

One further high cost which is not readily recognized is one peculiar to a major first-class hospital such as this one. Increasingly, the sickest patients and those requiring the more sophisticated treatment and equipment are being referred to us from regional or local hospitals which cannot afford the equipment or the technology required. While this an appropriate method of reducing the unsound proliferation of high-cost treatment on a national basis, it does increase the average per-patient cost in the great medical centers, such as our.

Despite all of these regular cost increases, management of this hospital has been able to contain its rate of cost increase through careful operation, to levels BELOW the national or local hospital inflation rates.

Why therefore are we worried about survival?

Over the same span of years, in which we discussed costs, the tendency

has increasingly developed to get paid by "third parties" (i.e., Medicaid, Medicare and Blue Cross). Today, almost 85 percent of our patient bills are paid by such third parties, and only 15 percent by commercially-insured or non-insured patients or by patients paying for uncovered costs.

Contrary to popular belief, a great percentage of the third-party payments fails to cover the actual costs, even on a carefully controlled basis.

Why is the problem so severe?

1. The New York Hospital operates very large ambulatory care units. Mostly, these are used by the poorer and indigent members of our immediate community.

If an uncovered patient cannot pay, or can pay only a small part of the cost of treatment, NOBODY pays. The City doesn't and the State doesn't. The result has been an annual deficit of over $6,000,000 for this hospital.

Partially, to counter this increasing unbalanced deficit, we are well along the way to providing "one-class-care," which is operated by the full-time and voluntary staffs within attractive surroundings. Better control of cost and income has resulted, within those disciplines where one-class care has been in operation. However, the full impact of these deficits will not, by this improvement alone, be cured.

2. The State of New York controls the reimbursement rates for Medicaid (50 percent federally-funded) and Blue Cross insured patients. Here we have seen develop an ever-changing and highly esoteric system of reimbursement which, in the name of controlling hospital costs, has begun seriously to drain the few remaining reserves of our free endowments.

A few examples should suffice to illustrate this point:

First: The basic method of reimbursement! Some years ago, the State changed its rates from those reflecting the actual costs for the year in which they would actually be incurred (retrospective rate), to a formula based on costs established TWO years ago and projected forward (prospective rate) together with a new twist of establishing ceiling penalties for routine services, ancillary services, and lengths of stay.

Thus, we find ourselves *two years behind* true inflation.

Second: One of the outstanding bits of legerdemain exercised by the State, has been the withholding of *approved* and agreed-upon payments, for several months after they normally should have been paid. At one time in 1980, hospitals in New York State were owed more than $200,000,000 in *overdue* payments. Most hospitals, to survive, were forced to borrow money to make up for this problem. The reason for this is not difficult to diagnose: double-digit interest rates! The State could earn the high interest on this withheld total, but the hospitals lost equivalent amounts. Despite full-page advertisements calling the public's attention to this outrage, only minimal relief was forthcoming.

Third: The pay of our personnel is obviously a basic element of cost, as discussed above. However, certain groups of hospitals have been allowed to include recent increases, while some few, such as The New York Hospital, have been excluded, on purely capricious grounds. This is a subject of a current legal suit against the State. (Over the past six years we have been forced to sue the State on similar esoteric grounds in the reimbursement area three times. So far not one such suit has been lost, but we have lost much interest income and have incurred heavy legal bills).

Fourth: The rate of occupancy is a critical financial problem for every hospital, and the State has recognized that because of an excess of unused beds in many hospitals, principally in the municipal-hospital area, the percentage of occupancy was obviously too low.

At The New York Hospital, where little bed capacity has existed, our annual rate of occupancy was, by much effort and cooperation, raised to over 88 percent. Even at rates of 80 percent-plus, we could not overcome other deficit-creating problems outlined above.

Nonetheless, the occupancy percentage has been climbing through the efforts of our medical staffs, by better management and scheduling, by increased referrals to our tertiary operations, and by various other means. And how does the State of New York react to this great effort, which totally reflects its own recently expressed desire to consolidate tertiary care?

The 1980 rate structure, recently handed down by the State, actually penalizes us for this effort! Thus, for all occupancy above our 1978 level, we receive only 20 percent of what has been the accepted cost. Every Medicaid or Blue Cross patient that exceeds that 86.7 percent rate of 1978, costs us a substantial sum every day; the estimate for 1981 being $2,000,000! This can only be viewed as a totally counter-productive policy.

I have mentioned only four bizarre and unfair examples of the State bureaucracy's strange approach to the hospital's financial problems. There are many others.

Were this hospital located in one of many other states, big ones or small ones, the recent deficits of The New York Hospital would not have occurred, and charges could have remained more stable. Were these funds paid for by the State of New York, one might give some thought to its poor fiscal management, but 50 percent of Medicaid is paid for by the Federal government, and Blue Cross is paid for by its insured. However, *the rates are fixed by the State.*

What lies behind this very serious situation, which is increasingly endangering the survival of the major teaching hospitals in our state?

There is only one obvious answer.

Admittedly, there are too many empty hospital beds in New York State, but to close down those in inefficient, costly, or poorly located

municipal hospitals or radically to reduce beds in underused institutions is too politically difficult. The politically-attractive solution appears to be to force voluntary, self-supporting hospitals to close down, and to divide their patients among the less competent survivors. Only when the public realizes what is occurring, and that medical excellence is being sacrificed for political gain, will the current trend be stopped before it is too late.

The bizarre and politically-motivated rules under which we must now live lead straight to fully socialized medicine costing far larger chunks of the taxpayer's funds, and a very much lower standard of care. Are we to follow those countries that have adopted such a course?

III. Facilities

It is hard to believe that during the past half century since this hospital's

Diagnostic procedures: a generation ago . . . and today, computer-aided

wonderful buildings were built, that only one small four-story building, the Connie Guion Building, has been added, and that one in 1960.

On the other hand, almost $50,000,000 was spent during the past decade to modernize, repair, maintain, and make use of every possible square foot of space in our existing quarters.

Now we must expand, for our needs are many, and vastly overdue.

New techniques in the diagnosis of disease, new methods in the care of patients, expansion of one-class services, and the increased treatment of sicker patients call for radical improvements.

Therefore during the past year we have focussed on two essential pieces of construction, which I am pleased to report have now been approved by the Board of Governors.

The first one is the very necessary Diagnostic Center.

This building has been designed to modernize and to expand extremely cramped diagnostic areas, and to facilitate the flow of patients within the many activities of this hospital, such as radiology, nuclear medicine, cardiology, and laboratory activities. No new in-patient areas are included within this eleven-story structure which will be built above the Connie Guion Building, and will span 70th Street.

Very importantly, we have received a most generous gift of $7,500,000 from the Starr Foundation of the American International Group, which now provides much of the base money for this construction. In recognition of this fine gesture, the Board of Governors, on November 11, 1980, voted to name it for C. V. Starr, in memory of the extraordinary man who founded what has become the largest American insurance company operating in the foreign field.

Most of the permits needed to finalize governmental approvals at local, City, and State levels have been received, architectural and engineering work is nearing completion, and financing of this structure is now in motion. (For the latter we expect to use Dormitory Authority financing.)

While it will add about 180,000 square feet of totally new space, another 120,000 square feet of surrounding space will be restructured and reequipped.

The second structure which has received a go-ahead from the Board of Governors is a building, the cost of which will be self-liquidating,on the land formerly occupied by the Nurses' Residence on the east side of York Avenue between 70th and 71st Streets.

This building will be designed to provide much-needed apartments for nurses and other members of our staff; doctors' offices, relieving some space within the main hospital, and bringing others nearer to the hospital; and motel-type rooms for ambulatory patients or relatives of inpatients, who need to stay a few days and are too far from home easily to commute.

These structures will serve to relieve the worst of the bricks-and-mortar problems now facing the hospital.

Still badly needed, however, is an expansion of inpatient areas to eliminate existing, and overcrowded, four-bed quarters, which were standard fifty years ago, but are not as acceptable as two-bed areas today. Lastly, we desperately need to establish a high-intensity radiation center to serve our own cancer patients, now using the overcrowded and, for us, inconvenient quarters of Memorial Hospital. Both of these facilities are needed to improve efficiency and amenities for patients, as well as to reduce costs of operation.

The latter two facilities, of course, must await the lengthy approval system by public bodies, and the avilability of proper financing.

On the whole, it is fair to say that today our total plant is in good condition, not as economical to operate as one would wish, but safe and fully able to help provide excellent patient care, which is the major aim of this hospital.

IV. Development

Every voluntary hospital today has many needs. We are no exception.

—We have an outstanding location in New York City, and a magnificent set of buildings, aging, but in sound condition. We are now, as I have mentioned, about to build two very essential buildings at a cost of over $150,000,000: the Diagnostic Center and the all-purpose building on York Avenue. As I have mentioned above, still badly needed are new in-patient and radiation facilities. For these we must wait for major additional funding.

Diagnostic building planned for 70th St.

— We have one of the finest group of clinical departments and centers of which any hospital can boast. These

have, in most cases, been greatly renewed through the appointment, over the past few years, of outstanding new chiefs and full-time staffs, to complement the outstanding leadership of the remaining departments. Not only does such talented leadership benefit the hospital, but greatly adds to the stature and quality of the Cornell University Medical College.

However, the ability to fund the budgets of the departments themselves, (as differentiated from monies required for patient care) is essential to attract and hold such distinguished leaders. These are funds required largely to pay for the full-time staff, to improve teaching, and carry on the very important research programs which are essential to progress in medicine.

Unfortunately, our center has not achieved, over the past, the desired number of endowed chairs for departmental and division chiefs and others. In this respect we have lagged behind some of our peers in the teaching-hospital field, and we badly need to repair this failure.

— While our physical facilities are generally in good shape, and for a fifty-year old institution they are, we must continue to upgrade a number of important areas where, over time, changes in care or in techniques have left some of these in inadequate shape.

While we have been able to correct many such problems over several budget-years, a number of them must be accelerated, and funds are badly needed to pay for them.

One of our major problems in this area, is the way we are permitted to charge depreciation in our reimbursement rate structure, since our total accumulation, based on historic original costs, cannot possibly pay for even identical replacements at today's highly inflated price structures. Thus, every time a capital improvement or replacement is made, we must dip into reserves to pay the difference.

These and other critical needs need to be met, and thus we have launched a broad development effort, hoping that our many friends, our former patients, and the community we serve will help us not ony to survive, but also to maintain our position of leadership in patient care, in research, and in medical education.

Our effort is a mutual one headed by governors and trustees, and includes our department heads, our large group of medical practitioners and teachers, and a permanent professional development staff.

I am confident that such a broad cooperative effort will successfully help to accomplish this major task.

V. Conclusion

As this will be my last President's Report, I would like to take this opportunity to share a few thoughts and conclusions about this magnificent institution.

Over recent years, great progress has been made in establishing the quality and efficiency of the whole center. Increasingly, the quality of patient care and medical knoweldge within this institution, is being recognized not only by those patients brought here by the hundreds of practitioners on our full-time and voluntary staffs, but by referral from an increasing number of community hospitals in the areas around New York City, as well as from across our nation and abroad.

While we have fought a constant battle to maintain our financial integrity against some of the most bizarre rules established by governmental bureaucracies, I feel that the series of cost-containment programs of the recent past have been effective.

Our cost increases, unhappy as they have been, have been below the general inflation rate and the rate of increase of the general hospital industry.

For the Eighties we stand poised with a number of positive advantages:

— the planned new facilities should greatly improve our ability to provide even better patient care, and to benefit large segments of the 6,000 people who work at the Hospital;

— very important, we have, since the appointment of Dean Meikle in 1980, achieved a smooth, friendly and cooperative relationship at all levels with our sister institution, the Cornell University Medical College;

— our new management structure, I am confident, is as well organized with outstanding people, as that of any similar institution;

— having filled as many major clinical posts as we have, by promotion from within, indicates the national standing of so many of our own people. This is an asset to be treasured;

— The Board of Governors, and its active committee system, has become, in large measure, a highly effective and participating group.

— with rare good fortune, we have been able to acquire an outstanding person, Robert Hatfield, to be the new president of the board. His service as a Cornell trustee has given him a prior insight into many of the center's problems, and he has, thus, stepped into this leadership post without needing a long period of indoctrination;

With all such outstanding qualities, there is no reason why The New York Hospital together with the Cornell University Medical College should not continue to be one of the finest medical centers in our land. All the needed qualifications, together with the will to become even better and to insist on ever-improving quality, are the principal reasons for my great optimism.

In closing, I want to thank the many members of our board, of our medical and administrative staffs, of the departmental and interdisciplinary center chiefs, of the top management groups, and particularly the director, Dr. David D. Thompson, and Dr. John T. Ellis, president of the Medical Board, President Rhodes and Dean Meikle of Cornell, for their great help during my tenure as president. It has been, without any question, the most rewarding and interesting activity of my entire career.

With deep appreciation,

Respectfully submitted,

Stanley de J. Osborne

The respected Robert Wood Johnson Foundation declares that eighty-five percent of all Americans will have a personal physician by the mid-1980's, and, since this is about the maximum percentage who would use a physician, virtually every American who wants a doctor will have one.

Assuming the prediction is true, America will have accomplished one of the most incredible, beneficial revolutions in human history.

But who will pay for the revolution? The foundation predicts that, "at today's rate of increase, personal health expenditures for a family of four, in current dollars, would almost double from $3,800 today to $6,500 by 1985."

The Johnson Foundation does not predict how the health bill will be paid. Instead, significantly, the foundation has undertaken a research program to find ways to reduce medical costs.

The hospital world has long lived with this problem of escalating costs; at the same time we have watched the quality and availability of health care burgeon.

As health and hospitals move into the decade of the 1980's, with a new Federal administration announcing new philosophies, priorities and programs, the Board of Governors and the staff of The New York Hospital are dedicated to sustaining both the level of service and the rate of growth in the quality of care.

As the decade of the 1970's came to a close, we began shifting our broad range of clinics to a one-class health care system which will provide every clinic patient with the advantages of having a personal attending physician, with no extra cost to the patient or insurer, and — difficult to believe — increased efficiencies in the use of hospital staff and resources.

Advances in medical technology and new therapies bring improvements in diagnosis and treatment, but also bring higher cost. Maintaining quality leadership in the clinical departments requires additional funds. For example, a major expansion in ophthalmology care and research was undertaken in keeping with the progress in that discipline. The move has proved successful. The enlarged eye service is bringing hundreds of new patients to the hospital.The residency training program, combined with Manhattan Eye, Ear and Throat Hospital, has attracted outstanding young physicians.

Planning the hospital's future

The new division of international medicine accepted the challenge and launched the International Health Care Service. In less than two years, the service has attracted thousands of people planning foreign travel, as well as the attention of medical directors of large corporations who are sending business travelers here in increasing numbers for pre- and post-travel care and counseling.

In the 1980's, the Hospital will continue to probe, test and implement new programs as we perceive the evolving needs and demands of our constituencies. If Americans increasingly demand more family physicians and improved health care, greater routine and sophisticated back-up services will be needed — particularly those provided by major teaching hospitals such as ours.

In the 1980's, we anticipate close cooperation among basic and clinical research teams, as we now have in such areas as basic and clinical pharmacology; more collaboration among institutions, as The New York Hospital has achieved with The Rockefeller University, The Memorial Sloan-Kettering Cancer Center, The Hospital for Special Surgery, Manhattan Eye, Ear and Throat Hospital, and our long-time sister institution Cornell University Medical College. The outreach of our hospital which for decades has extended to institutions and government-funded programs in remote areas of the world to eliminate, or at least improve the treatment of tropical diseases, will continue to expand as we continue this tradition. Recently facilities have been set up and our volunteers have gone to unsettled areas such as the Thai-Cambodian border to treat disadvantaged people and study their diseases.

As government aid to health care and research diminishes, we expect to work more closely with allies in the private sector. A recent report in the Wall Street Journal predicted that gov-

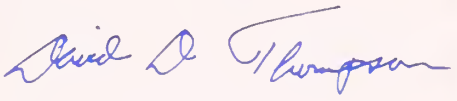
ernment will loosen restrictions that hamper new drug development. If this proves true, the laboratory and clinical research staffs of medical centers like ours will be called upon increasingly to complement the work of the pharmaceutical companies.

The most disturbing aspect of the rapidly changing practice of medicine, the improved prevention of diseases as well as better diagnosis and treatment of illnesses, is the higher costs which accompany these dramatic improvements. As I mentioned in my last year's report, the great challenge for us in the decade of the Eighties is to keep pace with the major changes taking place in the system of health care, and yet respond to the public clamor to contain costs.

We at the New York Hospital-Cornell Medical Center are preparing to meet this challenge. We have mounted a major long-range planning effort to define our mission, goals and objectives, to study the options available to us and to implement those recommendations which we believe to be most desirable and achievable. We are aided in this effort by over one hundred and twenty of our faculty and staff, a distinguished external Advisory Committee and the Joint Board of the medical center, which initiated the planning effort. The Andrew Mellon Foundation has generously donated a half-million dollars to help fund this major undertaking in the expectation that the development of our program will point the way to other similar institutions. The initial effort will involve installation of a planning system which extends to all units of the medical center. Following installation, the system will provide a continuing review of plans in light of changing environments within and without the medical center and will assure proper allocation and development of resources.

Plans must be realistic, in tune with the times and broadly conceived. Medical science and practice is an interweaving of faith and facts. We at this institution have a faith in the hospital's future born of our 210-year record of successful surmounting of problems. We are also conscious of an eternal fact of human nature: health care, like food and shelter, is a basic human requirement. Whatever the obstacles, people *will* have health care, and they will *not* accept a decline in the quality they have become used to.

Respectfully submitted,



David D. Thompson, M.D.

Medicine

The hospital's steady conversion of clinic services to a one-class care system continued to provide benefits for patients in quality and graciousness, as well as benefits for the hospital in more productive use of personnel staff and in lower costs.

On July 1, for example, the Cardiology Associates began a one-class system in 2,000 square feet of new space on K-3. Three hospital staff physicians, in partnership with visiting attending staff, now see a total of 2,500 patients per month. The Cornell Medical Practice (Comp-Care), which started in 1979, expanded appreciably in 1980 and now includes eight full-time internists, three nurse practitioners and three physicians' assistants. They have taken over the entire patient load of the former general medical clinic, with 50 percent increase in patient visits, principally effected by lowering the rate of broken appointments. Under the new system, all patients for the first time have access to an attending physician 24 hours a day, seven days a week. Moreover — and this is probably the most attractive advantage to patients — they are followed in the hospital as private patients by their attending physician.

The new radionuclide cineangiography Special Procedures laboratory was completed, under the direction of Dr. Jeffrey Borer.

Among other planned improvements in facilities and equipment were a new two-dimensional echocardiography unit which will provide high quality via a wider angle and a higher resolution, thus increasing greatly the diagnostic capabilities as well as the capacity of this major service laboratory.

The heart station unit was located in fully renovated quarters and in the past year completed more than 52,000 electrocardiograms, plus many exercise stress tests and 12,000 24-hour Holter EKG monitor evaluations.

The National Heart, Lung and blood Institute renewed its grant to the Cardiovascular Center to continue as one of two locations in the country designated as a Specialized Center of Research (SCOR) in hypertension. The grant totals nearly $6 million and will support the program for five years. The center already has produced important advances, notably, the demonstration of the value of converting enzyme inhibitors (e.g., captopril) for long-term treatment of high blood pressure. This type of treatment offers greater potency, fewer side effects and the capacity to correct high blood pressure while improving flow of blood to the brain, heart and kidneys.

Another important study funded by the National Institutes of Health is directed at helping people who are allergic to penicillin. Researchers in the division of allergy and immunology are seeking a way to evaluate skin reagents and to establish that such patients can receive penicillin safely.

The genetic counseling program of the division of human genetics continued to expand as more and more people have become aware of potential presence of inherited defects. The program provides prenatal diagnosis of chromosome abnormalities. Almost 400 patients were screened as possible carriers of Tay-Sachs disease. The program

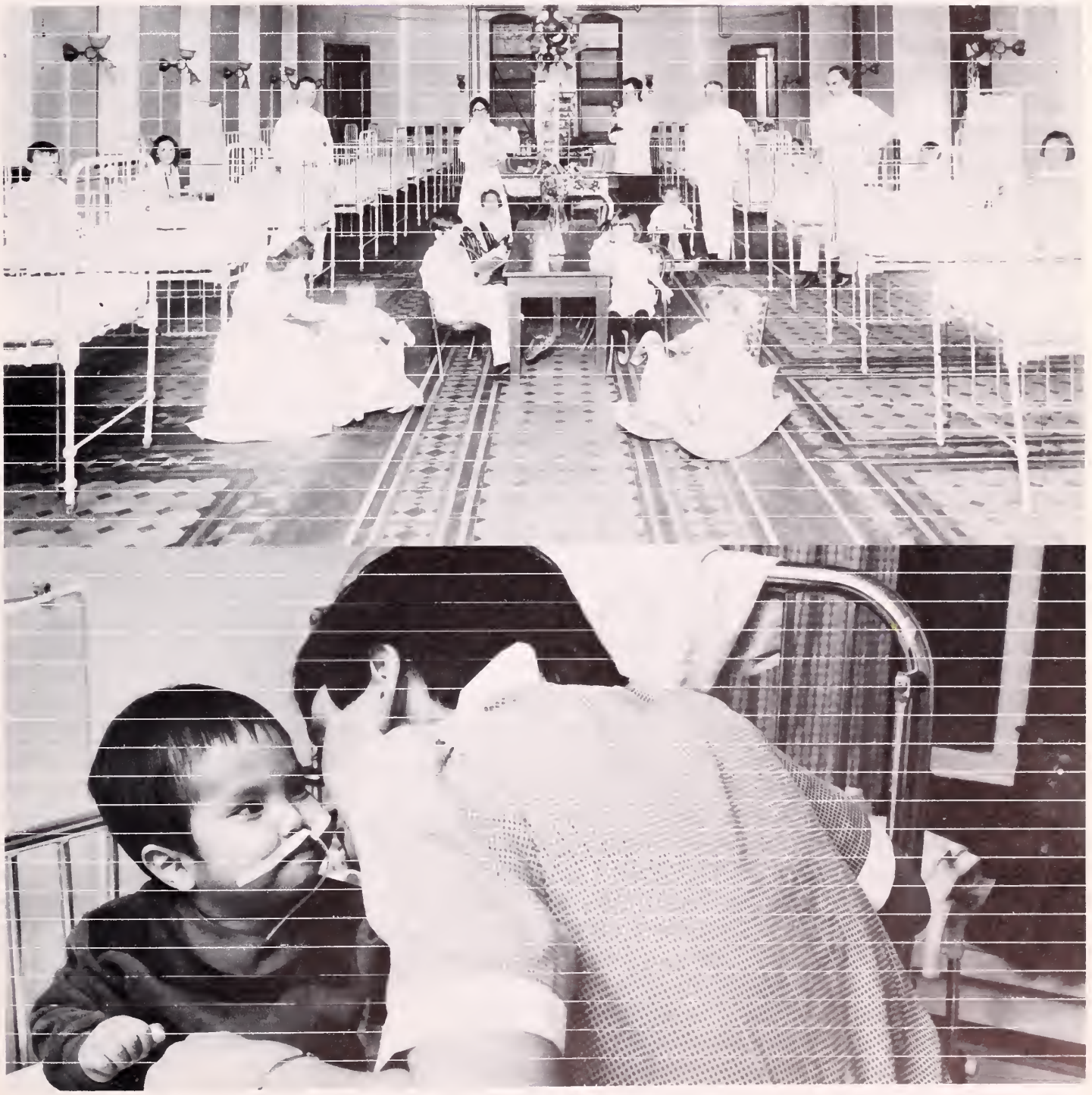
was extended during the year to the Westchester Division of the hospital.

Reflecting the nation's increasingly aged population, the division of geriatrics expanded its activities during 1980. With the aid of DeWitt Wallace fellowships, the division now operates clinical geriatric programs in several locations, including a metabolic bone clinic at the Hospital for Special Surgery, a geropsychiatric unit in the Westchester Division, the dementia research unit and the Burke Rehabilitation Center, as well as offering geriatric consultations at the main hospital. In addition, Dr. Kenneth Scileppi, the senior DeWitt Wallace Fellow, provides health services to the Stanley Isaacs clinic in Yorkville.

The division of infectious diseases expanded its consultation service to pediatric patients, as well as providing outpatient service to the International Health Care Service. It conducted a wide range of clinical studies of antibiotic efficacy which are expected to affect patient care significantly. For example, research was conducted on

ceforanide, a long-acting substance for patients undergoing total joint arthroplasty, and on vancomycin, injected weekly to reduce infection in hemodialysis patients. The division also established a collaborative program in Haiti, to look into the etiology and therapy of infantile diarrhea. The results of the study have already shown that infant deaths from diarrhea can be reduced from 40 percent to less than 5 percent.

In 1980 the International Health Care Service, still less than two years old, handled more than 3,000 visits from individuals planning to travel abroad, or who became ill abroad and needed diagnosis. The IHCS is run by the division of international medicine, which in turn is part of the Department of Medicine. The division made front-page news when it established a program of care, teaching and research for fourth-year students and residents

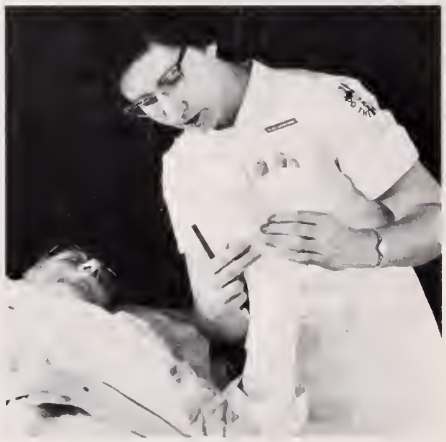


A children's ward in the 19th century; modern nurse with a tiny patient

at the Khao I Dang Cambodian refugee camp in Thailand. It also attracted substantial research funds for the project, as well as for a broad program of research in protozoal and bacterial diseases. Funds came from such sources as the National Institutes of Health, World Health Organization, Fogarty International, Walter Reed Hospital, the Mellon Foundation and The Rockefeller Foundation, as well as a $1 million grant from Stavros Niarchos.

One of the newest divisions of the Department of Medicine is nutrition. During the year, the National Institutes of Health awarded a $1.4 million grant to develop a Clinical Nutrition Research Unit, involving the Memorial Sloan Kettering Cancer Center, The Rockefeller University and New York Hospital-Cornell Medical Center. The award was one of only three in the United States. With Dr. Richard Rivlin as principal investigator, the program is developing basic and clinical research in nutrition, increased teaching opportunities, strengthened nutrition support, and more effective means of disseminating nutrition information to health professionals and the public.

A noteworthy new program of the clinical pharmacology division was the inception of a Supportive Care Program for the terminally ill. Under Dr. Henry Erle, who launched the program, and Dr. Marcus Reidenberg, head of the division, there is evidence that patients dying of metastatic cancer at the



hospital are receiving better symptom control than formerly. Drs. Erle and Reidenberg are working to incorporate the knowledge about symptom care, particularly pain relief, gained in the Hospice programs in England and Canada.

Also new in 1980 was the establishment of a division of medicine at the Westchester Division of the hospital. The purpose is to help the Westchester psychiatric staff evaluate and manage medical problems of their patients. Dr. Abdol H. Samiy heads the new division.

Surgery

The Department of Surgery performed more than 14,000 operations, 35 percent in the category of general surgery, and the rest divided among the department's eight other divisions. Vascular surgery again increased its volume and now has available a clinical diagnostic evaluation laboratory which permits more accurate and earlier diagnosis of peripheral vascular disease. The division of plastic surgery experienced an increase in surgical procedures for breast reconstruction.

Of particular note was coronary bypass surgery, which accounted for a major increase in the cardiothoracic division, totaling almost 1,200 operations during the past year. The very active urological surgeons group operated on more than 4,000 patients and significantly increased their use of radioisotopes in treating genitourinary tract malignancies.

Burn Center

During 1980, 442 patients were admitted to the Burn Center, still the only full-fledged center for burn care, teaching and research in this part of the country. Four out of five of these patients were transferred from other hospitals in the five boroughs because the seriousness of their conditions demanded the intensity and specialization of care available only at the Burn Center. Another 10 percent came from Long Island or New Jersey, with the remainder transferred from as far as 200 miles away. The demand for larger and better ambulatory burn care facilities has stimulated increased contributions from various sources, particularly from large corporations, and construction for an ambulatory burn care facility is expected to begin as soon as space becomes available.

The Burn Center physicians also bear another burden of leadership in their rapidly developing but still undermanned field, namely, a constant call on their research and teaching capabilities. In 1980, they presented clinical and

Treatment: early sunstroke patient; burn victim in the ultramodern Burn Center

research papers at the Tripartite Meeting in Oxford, and at nationwide meetings of the American Burn Association, the Surgical Forum of the American College of Surgeons, and the American Association for Tissue Banking. At the same time, Burn Center surgeons and physicians carry on diversified research activities, for example, under a five-year multimillion dollar grant from the National Institutes of General Medical Science, investigations into pain, the pathophysiology of pulmonary dysfunction, diagnosis and treatment of smoke inhalation, physiological changes in cells from shock, and alterations in host defense mechanisms after burn injury

Anesthesiology

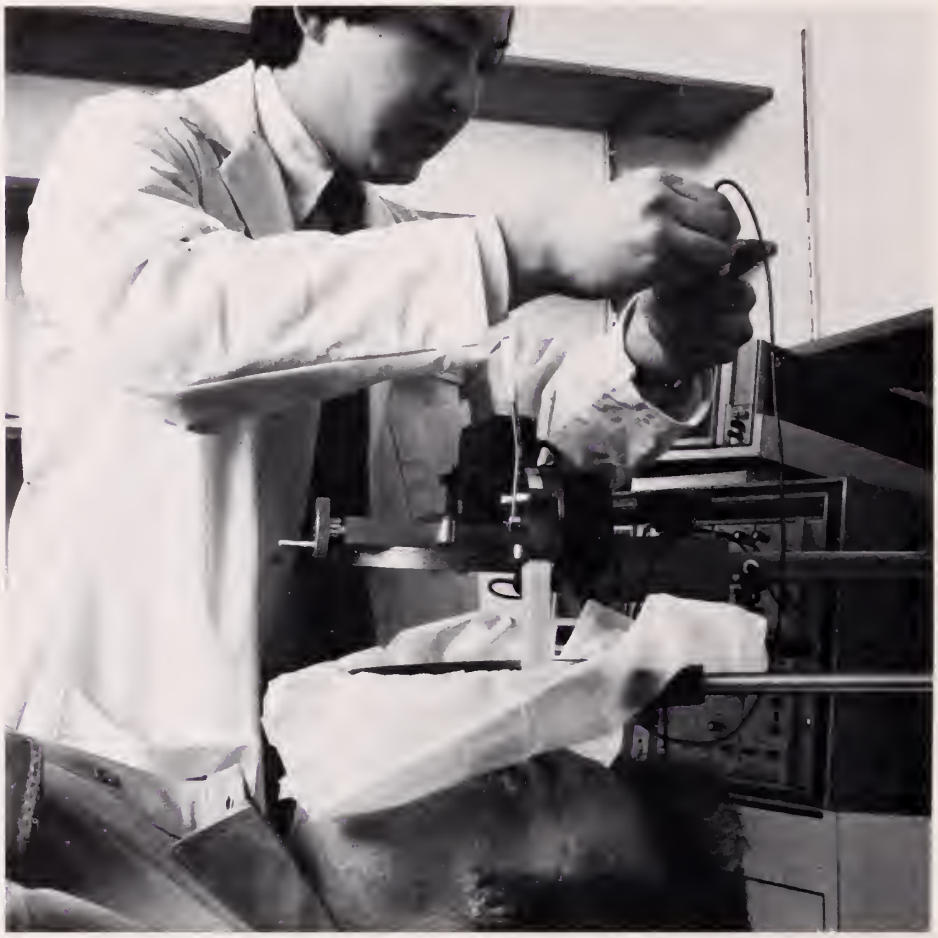
Many people suffer acute pain from various ills for which medical science has not yet devised a permanent cure. To give these sufferers effective temporary relief, the Department of Anesthesiology in recent years established its Nerve Block Clinic. The clinic, housed in relatively small quarters, has become so well-known and sought-after that it is seriously overcrowded and overworked. Referrals come not only from all departments of the hospital, but from a network of referring physicians in the metropolitan area. The clinic also trains residents in managing acute and chronic pain.

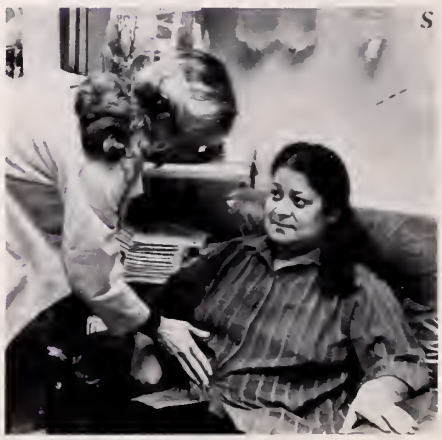
Obstetrics-Gynecology

Rumors that women aren't having many babies any more cannot be confirmed at The New York Hospital. The Department of Obstetrics and Gynecology reports 3,521 deliveries in 1980, the highest since the mid-70's. A quarter of these births were cesareans. An increasing number of high-risk mothers are being referred here with some 300 anticipated in 1981. Thanks to an anonymous gift of $1,100,000, the department was able to purchase much-needed new equipment and to plan a renovation of the labor-delivery area. A new antepartum testing unit was established.

The department continued to upgrade its teaching programs. For example, in 1980 a program was initiated to improve medical students' ability to perform a gentle pelvic examination, using lay instructors trained by the Ob-Gyn Department. The house officer training program was also improved, and post-graduate education was expanded by two courses given at Cornell University Medical College in the fall, one in general ob-gyn and one on reproductive endocrinology.

No infant is refused admission to the intensely busy Perinatology Center, one of the world's best known, superbly





staffed and equipped centers for high-risk infants and mothers. To accommodate the heavy demand, the Center is increasingly emphasizing the transfer of its tiny patients back to their local referring hospitals — up to 80 miles from New York City — as soon as their initial problems have been resolved. This practice not only permits the center to accept more referrals without significantly exceeding its official limit, but also allows mothers and infants to be reunited in their home communities at an earlier date.

Ophthalmology

The Ophthalmology Department's Outpatient Care Service moved into new, fully equipped quarters in the hospital's "S" building at 515 East 71 St. The service was greatly improved with the addition of a diagnostic center containing the latest and most sophisticated equipment, including ophthalmic ultrasound, fluorescin angiography and argon laser photocoagulation. This department, too, is working toward a one-class system of health care to replace the clinic approach. The Ophthalmic Oncology Center treats children with a wide variety of ocular neoplasm, congenital developmental anomalies and difficult diagnostic problems. Patients are referred from all over North America and from many foreign countries. Department researches and clinicians are particularly concerned with retinoblastoma, a childhood eye cancer — 40 to 50 cases are seen each year. These tumors are managed by a team of ophthalmologists, radiotherapists, pediatricians and geneticists. Since the tendency to develop reintinoblastoma is inherited in 50 percent of cases, researchers are studying it intensely, using chromosomal analysis, linkage studies and cell studies in tumors grown in mice.

Dr. Harvey Lincoff has been developing new techniques to improve retinal detachment surgery, based on inflatable ballonons applied to the outside of the eye. He also continued his work with new non-toxic gases which can be injected into the eye during retinal surgery to aid in the delicate task of repositioning the retina.

Affiliation with the Manhattan Eye, Ear and Throat Hospital has strengthened the department's teaching program for medical students and residents. More than 400 applicants vie each year for one of the eight resident spots in this, one of the country's largest ophthalmic residency programs.

Perinatology

In 1980, more than 200 high-risk mothers were brought to the Perinatology Center before delivery so that their infants might be admitted directly to the center without incurring needless additional risks of transportation, or the extra expense of using the center's special ambulance or — in some cases — helicopter service.

The center also conducts teaching programs for physicans and nurses both at the hospital and in affiliated hospitals. A five-to-seven-day residency is offered to practicing pediatricians who want practical bedside experience in the care of the high-risk newborn infant. Thus, the center's highly specialized expertise each year expands further out through the metropolitan area and even into rural areas far from Manhattan.

Of the Perinatology Center's research program activities, one in particular may be singled out, that is, Dr. Ross's collection of data on infants after they leave the intensive care unit. The study reflects the center's concern about the long-term effects of perinatal intensive care. Dr. Sherman, staff psychiatrist, formed a support group of "alumni" parents to help new parents adjust to their children's illness. The value of this activity has been recognized by the State of New York, which has funded a Direction Center for referral and treatment of high-risk infants.

Pediatrics

The Department of Pediatrics is in a sense a mini-hospital, comprising many specialty divisions, including cardiology, hematology, endocrinology and others which focus on major diseases as they affect children. Reflecting these special areas of patient care is the department's comprehensive Pediatric Clinical Research Center. In its five years of existence, the CRC has worked with many hundreds of young patients in programs that not only benefit these sick children, but are making contributions to the better health of millions of children.

For example, the division of pediatric hematology "hypertransfuses" children with cancer, in order to improve the condition of their heart and blood circulation without adverse effects on other factors relating to their condition. Extensive studies are in progress to increase the excretion of iron in thalassemia patients. If the chemical agent being studied proves efficacious, the researchers believe it can also be used to increase the life chances of children with other chronic anemias, such as sickle cell anemia — a disease which is potentially present in about one out of ten black Americans.

Examining room scenes; the 1930's and the 1980's

A program to teach hemophiliac children to transfuse themselves at home expands every year. To date, 150 children have been taught home care. In a study funded by the National Heart Lung and Blood Institute, fifteen percent of 150 patients responded positively to treatment with chemicals which inhibited bleeding. In cooperation with the Children's Cancer Study Group and the Memorial-Sloan Kettering Cancer Center, the CRC is studying 80 oncology patients, seeking to improve the survival chances of high-risk patients on intensive, long-term chemotherapy, and to decrease the amount of therapy needed by lower-risk patients so as to reduce adverse effects on their intellectual function and on their physical growth and development.

Neurology

A significant result of increased use of CT (computerized tomography) scans and other crucial laboratory tests is that patients now admitted to the care of neurologists at New York Hospital are more seriously ill than in the past. At the same time, occupancy of beds is as high as ever — above 94 percent in 1980. Moreover the number of neurological consultations given to other departments have steadily increased and reached 2,520 this last year. In addition, three physicians in the Department of Neurology now handle 6,000 individual outpatient visits, and super-

vise junior physicians in the care of another 4,000 clinic patients.

Neurology research achievements further underscore the dramatic nature of the department's work, as well as its great competence. The division of cognitive neuroscience, for example, has developed the Cornell Cognitive Stroke Battery, which tests perception, cognition and language in stroke patients. The division of developmental neurology has developed a new neuronal growth factor which causes nerves to grow and develop in tissue culture — giving hope that this or some similar factor may foster recovery or regeneration after injury to the central nervous system. In another series of exciting experiments, investigators have succeeded in altering the development of the nervous system in the embryos of experimental animals. This procedure gives hope that it may be possi-

Speech therapy then; recreational therapy now

ble to correct genetic defects in growth before the birth of the human fetus.

Otorhinolaryngology

The range of activities of the Department of Otorhinolaryngology is as broad as its name is unpronounceable. More popularly referred as ENT (for ear-nose-and-throat), the Department saw more than 3,000 patients in its speech and hearing center in 1980, performing more than 4,000 procedures, including hearing aid consultations and evaluations, auditory training sessions, speech therapy sessions, and a dozen other kinds of procedures. The center also works with the New York City Department of Health in the city's Handicapped Children's Program.

The department's surgeons performed almost 1,400 operations, in 24 categories, during the year. These ranged from tonsillectomies and adenoidectomies to tracheotomies and excisions of cysts and glands.

Rehabilitation Medicine

Volunteer coronary bypass surgery patients of the hospital participated in a trial cardiac rehabilitation program conducted by the Department of Rehabilitation Medicine. The program was effective and plans have been made to extend the program — when funds permit — to all cardiac surgical patients, and to offer cardiac rehab to outpatients as well.

Of the 72,000 treatments the department gave in 1980, one out of ten were for Burn Center patients. The department's occupational therapists are ameliorating the devastating effects of serious facial burns by a new method of applying the constant pressure that helps control scar formation. A plastic mask is made over the plaster cast the therapist has made of the patient's face. The mask is secured with Velcro fastening, worn constantly except for the short time it is removed each day for bathing. The patient more readily accepts the clear transparent plastic than the elastic material previously used. For children, new masks are made periodically to accommodate growth. The results both improve the patient's appearance and reduce the need for surgery.

Hard to believe is the concept of rehabilitation for premature babies, but it is one of the department's unusual but vital functions. Occupational and physical therapists evaluate babies in the neonatal ICU and afterward in the perinatal follow-up clinic. Babies with deficiencies in their neuromotor behavior are recommended for treatment to reduce long-term handicaps. Priority is given to children unable to receive treatment elsewhere. This includes many New York City infants since so few treatment programs are available.

Pathology

A $1.5 million computer system, installed in January 1981, has begun to revolutionize pathology procedures. The first of its kind to be installed in a hospital, the new computer provides instant feedback of lab results to intensive care units. It eliminates all human intervention and paperwork, thus greatly reducing the chances of error in transmission of vital patient information, as well as enormously speeding up the transmission.

The Pathology Department also installed a new storage incubator for blood platelet concentrate, two blood storage refrigerators, and a refrigerator for cryogenic reagents. All work stations were equipped with automated reagent cell washers.

The Blood Bank underwent its first major renovation and expansion since 1942, increasing its usable floor space from 1,300 to 2,000 square feet and about doubling the working laboratory area. The renovation also created a small conference room which is put to multiple uses: as a library, for weekly in-service lectures for and by Blood Bank staff, for daily conferences to review patient problems, and as an office for physician trainees.

Department of Psychiatry

Long-range planning for improved and broader ranges of services to patients, as well as the most efficient use of staff and financial resources, is receiving increased emphasis in the Department of Psychiatry. The Payne Whitney Clinic's building services and housekeeping, nutrition, laboratory services, medical records and some financial services have been merged with the general hospital next door. In-patient units are being refurbished and a section of the outpatient department has been rebuilt. These initial efforts were noted with approval by the Joint Commission for Accreditation of Hospitals in a recent visit which resulted in two-year accreditation. Refurbishing is also underway in some parts of the Westchester Division, where a new outpatient building is about to be constructed.

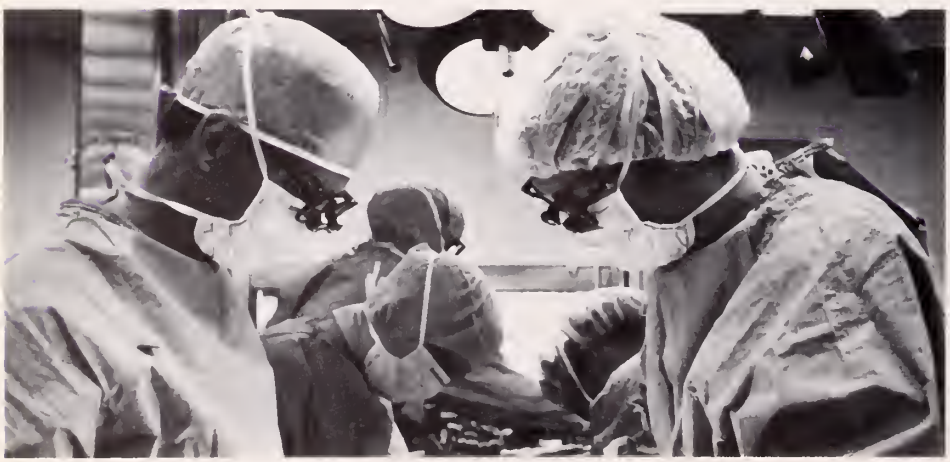
Rogosin Kidney Center

The Rogosin Kidney Center's transplant program, conducted jointly with the departments of Medicine, Surgery and Biochemistry, is one of the country's oldest and most successful. The mortality rate in more than 800 transplants in 17 years is below 5 percent, less than at any other major transplant unit.

Equally important for future patients is the Rogsin's research into ways to lower the rate of rejection of donor kidneys by suppressing the recipients' immunity to the donated organ. Researchers are also looking at mechanisms of hypertension in renal patients.

A basic research team was able to isolate a fraction of a lymphoid cell that retains its stimulatory capacity after treatment with mitogenic oxidizing agent. This discovery should promote a better understanding of how some donor kidneys are rejected.

A major advance in dialysis has continuous ambulatory peritoneal dialysis. A catheter is permanently implanted in the peritoneal cavity. The patient is taught how to infuse two liters of sterile isotonic fluid in a collapsible bag in the cavity. It remains there for four hours while the patient goes about his or her regular activities. The ambulatory method is safe, easy to learn, less expensive and more convenient. Another approach with similar advantages is the home dialysis program, which has made life easier for patients able to adapt to it, and freed many dialysis beds for other patients at the Rogosin Kidney Center.



Radiology

More and more radiological procedures are replacing surgery at the hospital. The Department of Radiology continued its round-the-clock service to patients in all departments with its CT scanners, ultrasound, X-ray and other technology, in tight quarters and with a staff severely restricted by limitations of space and budget. Radiology in particular is looking forward to centralizing and expanding its space as planned hospital facilities materialize. The department carried on active research and teaching functions. As usual, its residency program attracted candidates from the highest rated medical schools, including CUMC.

For the Auxiliary of The Society of the New York Hospital, 1980 was a highly successful year. Our efforts were concentrated primarily in three areas: improving our administrative capability, fund-raising and financial support of various hospital activities.

Report of the President of the Auxiliary

The Auxiliary office was relocated to the main floor of the hospital and completely refurbished and refurnished. Employment of a secretary has substantially improved our administrative efficiency.

The Thrift Shop celebrated its first birthday in its new quarters on East

71st Street. Under the direction of Mrs. Waldemar Berg, the Thrift Shop has had a most profitable year with total sales of over $86,000. Revenues from the Gift Shop and T.V. Rental continued to improve, with combined profits this year exceeding $100,000. It is especially gratifying that the Thrift Shop, Gift Shop and T.V. Rental have been increasingly successful, since they constitute the Auxiliary's major sources of funds. The combined efforts of Auxilians, volunteers and our employees enable us to generate funds to support various hospital projects.

This year nearly $9,000 was donated for the publication of two educational booklets. One booklet, *A Step by Step Guide to Cardiac Catheterization,* has illustrations and a narrative which will enable patients to understand the procedure and to approach it with less anxiety. The other, *Welcome to F9E,* is used to accomplish the same ends for children who are to have various urological diagnostic procedures.

Two hospital areas, which are critical to patient care, have been substantially improved through Auxiliary funding. The triage section of the Emergency Room is being rebuilt for more efficient function and better patient management at a cost of $21,000. The capacity of the Medical Special Care Unit on Payson 4, which is responsible for care of the most critically ill patients on the Medical Service, has been doubled from four to eight beds through an Auxiliary grant of $97,000.

The Auxiliary continues to support the Volunteer Services for the Elderly of Yorkville (VSEY). Funded jointly by the Lenox Hill Hospital Auxiliary and The New York Hospital Auxiliary, this program provides a number of important services to the elderly of our neighborhood, including an escort service for medical appointments, telephone contacts for reassurance and counseling, personal visits by volunteers and a library for the homebound. It is a vital link between the medical center and the elderly of Yorkville.

The Community Newsletter in *Our Town,* which the Auxiliary has funded continuously since 1978 provides a means of keeping our neighbors informed of medical activities within the Center as well as providing information about medical and social services and other related health issues.

The Lying-In Hospital Committee through their work for Babies Alunni raised $11,000. This has been accomplished through the dedication and continuing efforts of a relatively small group. Great thanks go to Mrs. Robert Kinzel and her co-workers. The committee has voted to purchase ten more electrical beds for the Lying-In Hospital and has also donated funds to the Social Service Department for staff Development.

The Auxiliary is responsible for allocating income from the Rollin Browne Fund. This year $17,000 was distributed between the Departments of Social Work, Rehabilitation Medicineen, Pediatric Hematology and Pediatric Out-Patient Services.

With the Auxiliary's support, the Art Committee has expanded its program to update and revitalize the art works displayed throughout the hospital. During the year, 250 pieces were added to the collection. Twenty-six volunteers are involved in on-going projects and special events. The Art Committee held another successful photographic contest this year. Thirty pictures were chosen from those exhibited to become part of the Photo Cart collection. Each year, the committee reviews its inventory and "retires" pictures from the collection. In December a "retired-art sale" was held which netted over $2,000. Much credit goes to Mrs. David Thompson and her Committee for adding cheer and color to our hospital, and pleasure to its patients.

As the world changes, it is important for the Auxiliary to understand and grow with change. To adapt to today's needs, changes in direction and goals are essential if we are to function effectively. One of our major concerns is membership — both maintenance and recruitment. We must review and evaluate current Auxiliary programs and update them in order to encourage more interest and more participation. A Task Force has been formed to study these problems and to make recommendations for charting the future course of the Auxiliary. Building on past success, particularly on the achievements of the transition year of 1980, we greet the Eighties with optimism and enthusiasm.

Respectfully submitted,

Mrs. John C. Whitsell II

Mrs. John C. Whitsell, II

Highlights of the Year's Statistics

Services to Patients	1980	1979
Laboratory Examinations		
Microbiology	*243,473*	*253,231*
Basal Metabolism	*320*	*331*
Blood Bank	*159,947*	*155,636*
Clinical Chemistry	*1,917,360*	*1,607,367*
Clinical Hematology	*661,794*	*686,614*
Cytology	*31,835*	*34,273*
Radioisotopes Services	*30,875*	*30,664*
Surgical Pathology	*37,780*	*35,167*
Miscellaneous	*29,502*	*28,240*
X-Ray Examinations	*140,693*	*119,874*
Operations	*20,398*	*19,728*
Deliveries	*3,564*	*3,168*
Electrocardiograms	*59,428*	*61,342*
Electroencephalograms	*2,992*	*3,492*
Social Service Interviews	*218,483*	*191,129*
Physical Therapy Treatments	*65,525*	*62,498*
Transfusions	*28,332*	*26,235*
Pharmacy Prescriptions	*1,134,380*	*1,144,066*
Record Room-New Case Records	*56,366*	*54,918*
Occupational Therapy Treatments	*55,637*	*48,688*
Recreational Therapy-Pediatrics	*136,157*	*136,888*

Distribution of Beds	Number of Beds — 1980	
Private		
Baker — Medicine	*70*	
Baker — Surgery	*49*	
Obstetrics and Gynecology	*29*	
Pediatrics	*5*	
Total Private		*153*
Semi-Private		
Medical/Surgical	*486*	
Two-Bed Baker — Medicine	*57*	
Two-Bed Baker — Surgery	*29*	
Urology	*61*	
Obstetrics and Gynecology	*96*	
Pediatrics	*105*	
Total Semi-Private		*834*
Sub-Total Main Hospital		*987*
Newborn Bassinets		*44*
Payne Whitney Clinic		*108*
Total New York Hospital		*1,139*
The New York Hospital — Westchester Division		*322*
Grand Total		*1,461*

Training Program	1980	1979
House Staff	*256*	*253*
Nursing Students Affiliated:		
Undergraduate Students	—	—
X-ray Technician Students	*37*	*33*
Dental Hygienist Students	*6*	*8*
Dietetic Interns	*21*	*21*
Physical Therapist Students	*24*	*17*
Medical Social Work Students	*3*	*5*
Total	*347*	*337*
Payne Whitney Psychiatric Clinic — House Staff	*55*	*59*
Westchester Division — House Staff	*47*	*46*
Affiliated Undergraduates	*43*	*50*
Total	*492*	*492*

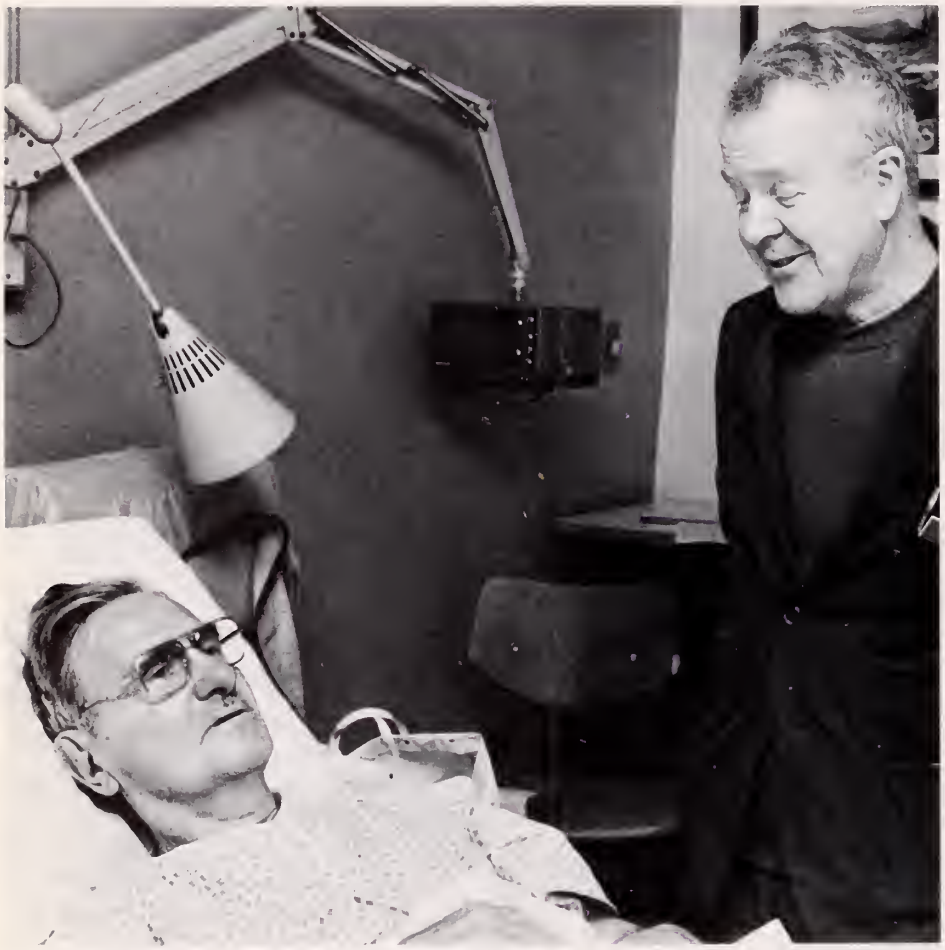
Patient Care	1980	1979
Patients Admitted		
Main Hospital	*36,144*	*34,897*
New Born	*3,564*	*3,168*
Payne Whitney Psychiatric Clinic	*1,193*	*1,351*
The New York Hospital — Westchester Division	*1,164*	*1,209*
Total	*42,065*	*40,625*
Patient Days, All Divisions Including New Born	*472,143*	*455,684*
Day Hospital Treatments		
Payne Whitney Psychiatric Clinic	*4,548*	*3,922*
Westchester Division	*9,869*	*10,637*
Visits to Out-Patient Clinics	*225,459*	*235,317*
Visits to Emergency Pavilion	*51,184*	*50,205*

Medical Training: throat examination in the 1940's; injection technique today

Report of the Director of Volunteers

Although the ladies in coral smocks far outnumber the gentlemen in blue jackets, we believe the gentlemen deserve our particular thanks for their most generous donation of time and experience.

In the past year male volunteers worked in the cardiac care units, Comp-Care, neurobiology, nuclear medicine, the Vincent Astor Diagnostic Service the archives, Payne Whitney Clinic, payroll, the admitting office, the Volunteer office, the Escort Service and a score of other hospital areas.



• John Frings was responsible for tabulating the answers to a questionnaire sent to medical schools in the United States by the Women in Medicine group regarding curriculum study. The results of this tabulation will be presented at the 1981 Conference of Women in Medicine to be held in April.

• The New York City Executive High School Internship Program, which is open to all high school seniors in New York City, sent us Jay Yelon for six weeks. Mr. Yelon worked in the Burn Center. Most of his time was spent in direct patient care but he also helped with clerical chores as needed. Mr. Yelon contributed 162 hours.

• At the request of the Social Work Department Charles Reilly attended a twelve-week seminar at the Metropolitan Jewish Geriatric Nursing Home. His extensive training in the Hospice movement will be useful in training future volunteers to care for the needs and rights of the terminally ill.

Volunteers participated in a Disaster Drill held in October. During the Blood Bank Drive they pitched in taking information from donors, and several volunteers helped in the Burn Center's Christmas party sponsored by Christine Valmy.

Volunteers now act as receptionists and escorts in the new pre-admitting office.

Some 10,000 hard-cover and paperback books were sold by hard working volunteers in 1980's two book sales, led by the indefatigable Patients' Librarian, Mrs. Roberta Smolen.

People from all walks of life probed the "anatomy" of the Medical center on Visitors' Day held in April and October. Volunteers addressed invitations to thousands of scientists, executives and the general public. Volunteers also formed the escort service, taking guests on their choice of tours and directing them to the excellent lectures that furthered their knowledge of the inner workings of the medical complex.

There is no "generation gap" in the Volunteer Department, which ranges from teenagers to octogenarians. A special word of appreciation is due to the young people who spend their summer or mid-year vacations working in labs, acting as escorts, pushing the library cart and filling in wherever they are needed.

Perhaps the most critical element in volunteer recruitment is the need for challenging roles to offer the potential volunteer. This large and complex hospital/medical school is particularly fortunate in being able to offer volunteers a wide variety of assignments.

In 1980, 549 volunteers donated 57,724 hours to performing tasks that supplemented the professional care which the staff gave to patients. No great hospital, in this era of budget austerity in particular, could maintain a high standard of quality of care and comfort without a Volunteer corps of the size and caliber of ours.

Respectfully submitted,

Louise W. Floeckher

Mrs. Louise Floeckher

Report of the Chairman of the Development Committee

A number of large gifts and pledges boosted our major capital gifts program to a total of $89,624,459. Over the year our Hospital Development Committee merged into a growing Center-wide group responsible for both Hospital and Cornell University Medical College fund raising activities.

The year included these significant contributions:

The Starr Foundation pledged $7,500,000 to be used toward an addition to the Hospital. It also pledged $450,000 to the Department of Surgery.

Two new chairs were endowed: Lewis L. Glucksman pledged $1,000,000 for a Professorship in Medicine in honor of Dr. Harvey Klein. Mr. and Mrs. Arthur Belfer, Mr. and Mrs. Robert Belfer, Mr. and Mrs. Lawrence Rubin and Mr. and Mrs. Jack Saltz committed $1,000,000 for the endowment of a Professorship in Microbiology in honor of Dr. R. A. Rees Pritchett.

The Estate of Abby Rockefeller Mauze awarded a grant of $125,000 toward the establishment of a Professorship in Neurology in the name of the late Dr. George D. Cotzias, a pioneer in the treatment of Parkinson's disease.

Banking and Business Support

The banking community's generosity to the Center was reflected in three gifts: $300,000 by Citibank to the joint capital campaign, a similarly unrestricted gift of $100,000 from Manufacturers Hanover Trust Company, and $50,000 for emergency room needs from Chase Manhattan Bank.

Other important contributions from the business world included: gifts of $45,000 to the Center from the Chubb Corporaiton; $50,000 from The Amax Foundation, Inc. to aid in establishing the clinical laboratories in the new Hospital facility; and $50,000 from the Mobil Foundation to the Hospital's Pediatric Special Care Unit.

Susbstantial support was received from major foundations in 1980. Included in the following list of foundations are those which awarded grants ranging upward from $45,000:

Rose M. Badgeley Charitable Trust — for continued research in the field of Pediatric Cardiology.

George F. Baker Trust — for The New York Hospital

Children's Blood Foundation, Inc. — toward construction of the Cornelius Traeger Research Center of the

Community outreach; food distribution, 1940; Harkness Ballet for children, 1981.

Children's Blood Foundation.

Max and Victoria Dreyfus Foundation, Inc. — to the Medical Center for its work in diagnosing and treating respiratory diseases.

Fischbach Foundation — to establish the Henry F. Fischbach Oncology Fund of the Division of Hematology-Oncology.

William Randolph Hearst Foundation — to the Perinatology Center.

House of St. Giles the Cripple Foundation — for retinoblastoma research.

Jacob and Valerie Langeloth Foundation — for The New York Hospital.

McKnight Foundation—for a Neurology Department research project.

Andrew W. Mellon Foundation — to be used for the Center's advance planning.

Charles E.Merrill Trust — for student scholarships and to the Cardiovascular Center for hypertension research.

Nella Foundation — for Cornell University Medical College.

New York Firefighters Burn Center Foundation — for the Burn Center.

James Picker Foundation — to the Medical College toward support of "The Human Qualities of Medicine" program.

Pisces Foundation — to the Department of Psychiatry in support of its research program.

Sinsheimer Fund — for Cornell University Medical College.

Alfred P. Sloan Foundation — for support of a postdoctoral training program in cognitive neuroscience.

Sylvan League Juniors — for the Rogosin Kidney Center.

Young hematology patients, with "Circle of Life" honoring donors

Major contributions by individuals included two toward the construction of facilities for the Division of Dentistry, Oral and Maxillofacial Surgery which were made by Mr. and Mrs. Emanuel Terner and anonymously in memory of Abraham Abramson. Other significant individual support included an unrestricted gift from Mr. Lew Sarnoff and a contribution from Mr. DeWitt Wallace for the DeWitt Wallace Fellowship Fund in the Division of Geriatrics.

Large gifts received by the Medical College which, of course, benefit the Hospital's work, include those from Miss Jane M. G. Foster; Mr. and Mrs. Justus B. Lawrence; Mrs. Arietta Livanos; Mr. George Livanos; and Mr. Stephen H. Weiss, the Chairman of the Medical College Board of Overseers.

A Pediatrics Development Committee was formed in late spring. This committee of twenty New Yorkers with a special interest in children, headed by Ms. Elaine Hart, hopes to raise more than $10,000,000 for faculty and program endowment and for renovation of the Pediatrics Department.

The Nate B. and Frances Spingold Foundation, Inc. pledged $140,000 for medical student financial aid. The Henry J. Kaiser Family Foundation awarded $100,000 to the Medical College to be used for grants to students who demonstrate a need for financial assistance. It offered a second matching award of one dollar for each two new dollars of financial aid money raised by the College during the year, up to $50,000. This successful campaign has been extended into 1981. It generated new activity, including a special appeal for contributions to the Roscoe C. Giles Memorial Scholarship Fund for financial aid to minority students. For the first time, a fund appeal was sent to Center Alumni, and parents of Medical College students were approached through a newly formed parents committee under the chairmanship of Mr. Nelson Schaenen, Jr.

Annual giving for the Hospital reached approximately $2,040,364 from 9,526 donors. During the last half of the year, 160 first-time major donors of over $100 joined our rolls. This compares to the same number for the entire year 1979. More than 100 members of The Society of the New York Hospital, in response to a special letter, made contributions in excess of their membership dues.

A total of $2,915,291 in bequests and deferred gifts was contributed to the Center. These included $830,670 in legacies for The New York Hospital and $2,084,621 for the Medical College. In addition the Hospital and College together reported more than $1,630,000 in new documented bequest commitments.

Respectfully submitted,

Eleanor T. Elliott

Mrs. Eleanor T. Elliott

(Sums of $500 or more)

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Space does not permit us to name the several thousand contributors who generously support the Hospital. This list includes those who have given $500 or more during the year — but our appreciation extends to all who have given.

We also acknowledge, with grateful thanks, the many others who have contributed to the Cornell University Medical College. They, too, have enhanced the welfare of this great medical center.

Statements of Revenues and Expenses and Changes in Unrestricted Fund Balances
For the Years Ended December 31, 1980 and 1979

SCHEDULE 1

	1980					
	General			Board		
	Operating	Nonoperating	Plant	Designated	Total	1979 Total
Operating Revenues:						
Net patient care revenue	$182,389,681	$ —	$ —	$ —	$182,389,681	$163,949,106
Revenue from other services	5,221,703	—	—	—	5,221,703	4,896,413
Transfers from specific purposes funds for support of related activities	3,423,727	—	—	—	3,423,727	3,154,470
Total operating revenues	191,035,111	—	—	—	191,035,111	171,999,989
Operating Expenses:						
Compensation and related benefits	130,611,617	—	—	—	130,611,617	117,681,538
Supplies and other expenses	58,456,244	—	—	—	58,456,244	53,013,722
Provision for depreciation	4,517,429	—	—	—	4,517,429	4,240,845
Total operating expenses	193,585,290	—	—	—	193,585,290	174,936,105
Loss from Operations	(2,550,179)	—	—	—	(2,550,179)	(2,936,116)
Nonoperating Revenues:						
Interest and dividends	—	1,928,867	—	—	1,928,867	2,288,797
Contributions and bequests —						
Third Century Fund	—	1,117,489	—	—	1,117,489	839,338
Other	—	669,316	—	—	669,316	924,618
Net gain (loss) on sale of investments	—	586,880	—	—	586,880	(125,635)
Distributions from United Hospital Fund, The Greater New York Fund and Center Fund	—	337,720	—	—	337,720	461,128
Total nonoperating revenues	—	4,640,272	—	—	4,640,272	4,388,246
Revenues in Excess of (Less than) Expenses	(2,550,179)	4,640,272	—	—	2,090,093	1,452,130
Fund Balance, beginning of year	24,625,463	—	78,149,384	978,760	103,753,607	101,706,072
Transfers from (to) Restricted Funds:						
Plant additions funded by restricted funds	—	—	5,856,713	—	5,856,713	4,882,189
Segregation of assets for plant replacement and expansion required by third-party reimbursers	(4,517,429)	—	—	—	(4,517,429)	(4,240,845)
Intrafund Transfers:						
Plant additions funded by operations	(1,140,767	—	1,140,767	—	—	—
Depreciation of plant	5,234,858	—	(5,234,858)	—	—	—
Support of general operations	4,630,365	(4,630,365)	—	—	—	—
Mortgage payments and other	(392,577)	(9,907)	209,565	(44,629)	(237,548)	(45,939)
Fund Balance, end of year	$ 25,889,734	$ —	$80,121,571	$ 934,131	$106,945,436	$103,753,607

Statements of Changes in Restricted Fund Balances
For the Years Ended December 31, 1980 and 1979

SCHEDULE II

	Plant Replacement and Expansion	Specific Purposes	Endowments	Total
Balances, December 31, 1978	$ 940,538	$20,491,563	$17,824,644	$39,256,745
Restricted gifts and bequests —				
Third Century Fund	100,000	488,431	600,024	1,188,455
Other	79,792	3,084,294	—	3,164,086
Income on investments of restricted funds, required to be used for specific purposes—				
Interest and dividends	57,104	1,763,100	—	1,820,204
Net loss on sale of securities	(6,350)	(96,239)	(161,191)	(263,780)
Transfers from (to) unrestricted funds—				
Portion of fixed asset additions funded by restricted funds	(4,497,662)	(384,527)	—	(4,882,189)
Segregation of assets for plant replacement and expansion required by third-party reimbursers	4,240,845	—	—	4,240,845
Support of related activities	—	(3,154,470)	—	(3,154,470)
Balances, December 31, 1979	914,267	22,192,152	18,263,477	41,369,896
Restricted gifts and bequests—				
Third Century Fund	222,500	8,037,611	24,200	8,284,311
Other	235,890	4,503,207	—	4,739,097
Income on investments of restricted funds, required to be used for specific purposes—				
Interest and dividends	65,010	2,095,769	—	2,160,779
Net gain on sale of securities	58,289	1,071,763	902,209	2,032,261
Transfers from (to) unrestricted funds —				
Plant additions funded by restricted funds	(4,787,079)	(1,069,634)	—	(5,856,713)
Segregation of assets for plant replacement and expansion required by third-party reimbursers	4,517,429	—	—	4,517,429
Support of related activities and free care	—	(4,496,634)	—	(4,496,634)
Balances, December 31, 1980	$1,226,306	$32,334,234	$19,189,886	$52,750,426

The Society incurred an operating loss of $2,550,179 for the year ended Dec. 31, 1980 compared with an operating loss of $2,936,116 for 1979. Expenditures increased from $174,936,105 in 1979 to $193,585,290 in 1980, an increase of 10.7 percent. Taking into account an increase of 16,459 patient days offset somewhat by a decrease of 9,021 ambulatory visits, the percentage of increase in expense in terms of units of productivity is 8.1 percent. Operating revenues increased 11.2 percent from $171,999,989 in 1979 to $191,035,111 in 1980.

The following is a listing of the Medical Board membership as of January 1, 1981

(LOA: Leave of Absence)

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Medicine
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Anesthesiology

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Mary Beth Walsh, M.D.
Hendricks H. Whitman, III, M.D.
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Professional Associates (Podiatrists)

Martin Gilman, D.P.M.
Gene K. Potter, D.P.M.

GRADUATE STAFF

Physician

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Neurology

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Obstetrics and Gynecology

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Ophthalmology

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David B. Pearce, M.D.
Thomas A. Poole, M.D.
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Otorhinolaryngology

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Pathology

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Pediatrics

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Psychiatry

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Attending Surgeon-in-Charge – Vascular Surgery Division

***Attending Surgeon-in-Charge – Pediatric Surgery Division*

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Peter C. Canizaro, M.D.
Jhoong S. Cheigh, M.D.
Robert L. Clarke, M.D.
George N. Cornell, M.D.
Armand F. Cortese, M.D.
Hollon W. Farr, M.D.
Peter M. Guida, M.D.
Vincent F. Marzulli, M.D.
Kevin P. Morrissey, M.D.
Robert R. Riggio, M.D.
Paul A. Skudder, M.D.
William T. Stubenbord, M.D.
John F. Sullivan, M.D.

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William T. Curry, M.D.
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Kenyon B. Field, M.D.
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David N. Herndon, M.D.
William P. Homan, M.D.
Bruce R. Leslie, M.D.
Arnold Luterman, M.D.
Carmine J Mauro, M.D.
Eugene Nowak, M.D.
Stuart D. Saal, M.D
Michael F. Silane, M.D.
David S. Speer, M.D.
Harry Statman, M.D.
Manikkam Suthanthiran, M.D.
Luis Tapia, M.D.

Clinical Affiliates
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Howard Fillit, M.D.
Edgar P. Fleischmann, M.D.
Mark E. Helbraun, M.D.
Morton J. Kleiner, M.D.
Henry Mannix, M.D.
David A. Mayer, M.D.
Winston Mitchell, M.D.
Earl A. O'Neil, M.D.

GRADUATE STAFF

Clinical Fellows
Robert H. Barth, M.D.
Graciela deBoccardo, M.D.
William B. Evans, M.D.
Sylvia W(yman) McKean, M.D.
John Novello, M.D.
Andrew B. Peitzman, M.D.
G. Tom Shires, III, M.D.
Jay Stack, M.D.
Phyllis A. Taufield, M.D.
Alan M. Weinstein, M.D.

Surgeons
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Peter L. Cunningham, M.D.
John F. Gallagher, M.D.
Michael R. Madden, M.D.
Stephen J. Pilipshen, M.D.
Bruce Wolff, M.D.

Assistant Surgeons
Steven A. Albert, M.D.
Anthony C. Antonacci, M.D.
Philip S. Barie, M.D.
Gordon A. Brody, M.D.
Gary S. Bromley, M.D.
William T. Cline, M.D.
Jon R. Cohen, M.D.
Michelle Copeland, M.D.
Ira Dauber, M.D.
Thomas L. Facelle, M.D.
Warren M. Glover, M.D.
Jeffrey P. Gold, M.D.
Paul H. Halebian, M.D.
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Lloyd Hoffman, M.D.
Steven R. Kay, M.D.
Martin E. Kessler, M.D.
Karen M. Kostroff, M.D.
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David L. Rayfield, M.D.
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David Rose, M.D.
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Hueldine Webb, M.D.
Martin B. Weiss, M.D.
Giles F. Whalen, M.D.
Barry J. Zadeh, M.D.
Pamela M. Zyman, M.D.

Cardiothoracic Surgery

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George R. Holswade, M.D.

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Arthur J. Okinaka, M.D.
Valavanur Subramanian, M.D.

Assistant Attending Surgeons
John C. Alexander, Jr., M.D.
John C. McCabe, M.D.
Joseph E. Parrillo, M.D.

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Paul M. Cathcart, M.D.
Paul E. Stelzer, M.D.

Assistant Thoracic Surgeons
Mark L. Marbey, M.D.
Stuart B. Pett, Jr., M.D.

Dental and Oral Surgery

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Attending dentist
John J. Putnam, D.D.S.

Associate Attending Dentists (Periodontist)
Seymour M. Koteen, D.D.S.

Associate Attending Dentists (Prosthodontists)
Gerald M. Galvin, D.D.S.
Ivin B. Prince, D.D.S.

Associate Attending Dentists
Lawrence A. Behrman, D.D.S.
Ernest R. Piccaro, D.D.S.

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Thomas M. Darrigan, D.D.S.
Arthur C. Elias, D.M.D.
Jerry L. Halpern, D.D.S.
Andrew Hauser, D.D.S.
Ronald S. Pack, D.M.D.

Steven J. Tunick, D.M.D.

Assistant Attending Dentist
Steven P. Saltzman, D.D.S.

Assistant Attending Dentists (Endodontists)
Joseph M. Leavitt, D.D.S.
Nelson I. Mendell, D.M.D.

Assistant Attending Dentist (Roentgenologist)
J. Kenneth Schmidt, D.M.D.

Assistant Attending Dentist (TMJ)
Leonard E. Quitt, D.D.S.

Assistant Attending Dentist (Myo-Functional Therapy)
Harvey Miller, D.D.S.

Assistant Attending Dentists (Pedodontists)
David J. Levine, D.D.S.
Jack L. Mitchell, D.D.S.

Assistant Attending Dentists (Orthodontists)
Joseph D. Davis, D.D.S.
Marc S. Lemchen, D.M.D.

Assistant Attending Dentist (Periodontist)
Joseph E. Rowan, D.D.S.

Assistant Attending Dentists (Prosthodontists)
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George W. Sferra, Jr., D.D.S.

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Clinical Affiliates (Orthodontists)
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Henry I. Nahoum, D.D.S.
Gregory W. Sanford, D.M.D.

Clinical Affiliate (Dentist)
Louis J. Marino, D.D.S.

GRADUATE STAFF

Oral Surgeon
Lawrence Gibson, D.D.S.

Assistant Oral Surgeon
Robert P. Iovino, D.D.S.

Intern in Oral Surgery
Peter H. Pruden, D.D.S.

Interns — General Practice Residency Program
Eric Chimon, D.D.S.
Robert R. Griffith, D.D.S.

Neurosurgery

MEDICAL STAFF

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Richard A.R. Fraser, M.D.
Joseph H. Galicich, Jr., M.D.

Assistant Attending Surgeons
Francis W. Gamache, Jr., M.D.
Michael H. Lavyne, M.D.

GRADUATE STAFF

Surgeon
Alec Danylevich, M.D.

Assistant Surgeons
William O. Bell, M.D.
Jack P. Rock, M.D.
Rand M. Voorhies, M.D.

Orthopedics

MEDICAL STAFF

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The Hospital for Special Surgery
Philip D. Wilson, JR., M.D.

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*William D. Arnold, M.D.
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John H. Doherty, M.D.
Allan E. Inglis, M.D.
John N. Insall, M.D.
Bernard Jacobs, M.D.
David B. Levine, M.D.
Chitranjan S. Ranawat, M.D.
L. Ramsey Straub, M.D.

**Chief, Combined Fracture Service*
The New York Hospital-The Hospital for Special Surgery

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Joseph M. Lane, M.D.
John P. Lyden, M.D.
Peter J. Marchisello, M.D.
Ralph C. Marcove, M.D.
Leon Root, M.D.
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Samuel Avnet, M.D.
Jeanne R. Pamilla, M.D.
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Konstantin P. Velis, M.D.
Russell F. Warren, M.D.

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Surgeons
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Steven H. Fried, M.D.
Gary M. Gartsman, M.D.
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Edward V. Gundy, M.D.
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Neil Kahanovitz, M.D.
Richard J. Kearns, M.D.
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William K.P. Li, M.D.
John F. Mendes, M.D.
Raymond P. Robinson, M.D.
J. Robert Seebacher, M.D.
Steven A. Stuchin, M.D.
Thomas L. Wickiewicz, M.D.

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Patrick V. McMahon, M.D.
Thomas J. Nordstrom, M.D.
Cathleen L. Raggio, M.D.
Daniel S. Rich, M.D.
Howard A. Rose, M.D.
Gary J. Savatsky, M.D.
Domenick J. Sisto, M.D.
Francesca M. Thompson, M.D.

Plastic Surgery

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Assistant Attending Surgeons
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Joseph Feinberg, M.D.
Gerald Imber, M.D.
Kenneth O. Rothaus, M.D.
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B. Donald Sklansky, M.D.

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Danica Kovachev, M.D.
Edward W. Powers, M.D.

GRADUATE STAFF

Surgeons
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Richard Dombroff, M.D.
Randall Yetman, M.D.

Assistant Surgeons
Vasdev S. Rai, M.D.
Barry Weintraub, M D.
John V. Williams, M.D.

Urology

MEDICAL STAFF

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Attending Surgeons
John W. Draper, M.D.
John G. Keuhnelian, M.D.
Russell W. Lavengood, Jr., M.D.
Victor F. Marshall, M.D.
John H. McGovern, M.D.
Edward C. Muecke, M.D.
Willet F. Whitmore, Jr., M.D
John J. Williams, M.D.

Associate Attending Surgeons
John W. Coleman, Jr., M.D.
David T. Mininberg, M.D.
Jon M. Reckler, M.D.

Assistant Attending Surgeons
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Harry W. Herr, M.D.
James P. McCarron, Jr., M.D.
Thomas P. McGovern, M.D.
Piero O. Niceta, M.D.
W. Reid Pitts, Jr., M.D.
Anthony N. Spinelli, M.D.

Clinical Affiliates
Mitchell Brice II, M.D.
John Byrne, M.D.
Damir Velcek, M.D.
Robert S. Waldbaum, M.D.

GRADUATE STAFF

Surgeons
Paul A. Church, M.D.
Jerome P. Parnell, M.D.

Assistant Surgeons
Richard E. Greenberg, M.D.
Arthur R. Israel, M.D.
Carl Mills, II, M.D.
Steven M. Schlossberg, M.D.
R. Ernest Sosa, M.D.

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Clinical Biochemistry Laboratories
Biochemist-in-Chief:
Alton Meister, M.D.

Clinical Biochemistry
Director:
Gordon Fairclough, Ph.D.

Assistant Directors:
James Cornell, Ph.D.
Jerald Gass, Ph.D.
Edward Schubert, Ph.D.

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Pathologist-in-Chief:
John T. Ellis, M.D.

BLOOD BANK
Director:
Carl F. W. Wolf, M.D.

CLINICAL HEMATOLOGY
Director:
Eugene L. Gottfried, M.D.

CLINICAL MICROBIOLOGY
Director:
Laurence B. Senterfit, Sc.D.

Assistant Directors:
Carl G. Becker, M.D.
Desider J. Rothe, M.D.

CYTOLOGY
Director:
Charles A. Santos-Buch, M.D.

SURGICAL PATHOLOGY
Director:
George F. Gray, Jr., M.D.

Assistant Directors:
Elmer E. Kramer, M.D.
Janet A. Mouradion, M.D.

Clinical Diagnostic Laboratories, Directors

BASAL METABOLISM
David V. Becker, M.D.

CARDIAC CATHETERIZATION, ADULT
Jeffrey Borer, M.D.

CARDIAC CATHETERIZATION, PEDIATRICS
Aaron R. Levin, M.D.

CARDIAC GRAPHICS, ADULT
Paul B. Kligfield, M.D.

CARDIAC GRAPHICS, PEDIATRICS
Kathryn H. Ehlers, M.D.

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Gail E. Solomon, M.D.

NUCLEAR MEDICINE
David V. Becker, M.D.

PEDIATRIC EXERCISE
Arthur A. Klein, M.D.

PULMONARY FUNCTION
William A. Briscoe, M.D.
James P. Smith, Jr., M.D.

Apothecary-in-Chief
Herbert S. Carlin, M.Sc., Pharm.

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Senior Associate Director, Director of Nursing
Eleanor C. Lambertsen, Ed., D., D. Sc. (Hon.), R.N.

Executive Assistant Director of Nursing Service
M. Joanna Foster, M.A., R.N.

Assistant Directors of Nursing Service
Mary T. Bielski, M.A., R.N.
Elizabeth G. Brooks, M.A., R.N.
Christina Haas, M.A., R.N.

Assistant Director of Nursing Service for Staff Education
Edna L. Danielsen, M.A., R.N.

Clinical Nursing Department Heads
Jane D. Curtis, R.N.
Medical Nursing

Christina Haas, M.A., R.N.
(Acting Department Head)
Burn and Emergency Nursing Services

Gladys T. Jones, M.S., R.N.
Operating Room/ Recovery Room Nursing

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Surgical Nursing

Marie D. Strickland, M.Ed., R.N.
Obstetrical/Gynecological and Pediatric Nursing

Carolyn Wagner, M.A., R.N.
Ambulatory Care Nursing

Director of Psychiatric Nursing Service Payne Whitney Psychiatric Clinic
Kenneth Larson, M.A., R.N.

Executive Assistant Director for Education Programs
Louise S. Hazeltine, M.A., R.N.

Nursing Department Head, School of Continuing Education
Nina Argondizzo, M.A., R.N.

Deaths

Edward T. Adelson, M.D.
Associate Attending Psychiatrist
Deceased - February 13, 1980

John S. LaDue, M.D.
Emeritus Staff (Medicine)
Deceased - April 18, 1980

John L. Marshall, M.D.
Associate Attending Surgeon (Orthopedics)
Deceased - February 12, 1980

Exie E. Welsch, M.D.
Clinical Affiliate (Psychiatry)
Deceased - October 28, 1980

Jack F. Woodruff, M.D.
Associate Attending Pathologist
Deceased - April 17, 1980

A Gift to The New York Hospital

For the Guidance of Your Attorney

A gift to The New York Hospital gives aid to the ill and the distressed, supports programs which educate doctors for the future, and makes possible research to stamp out disease, helping people today and generations yet unborn.

Gifts may be made in a number of ways, such as by money (check or cash), by securities, by testamentary devise (land) or by intervivos or testamentary trust.

Because The Society of the New York Hospital is a voluntary, non-profit institution contributing to the public welfare, gifts to it by individuals or corporations are exempt from income,gift and inheritance taxes to the extent and in the manner provided by Federal and State laws.

Where a gift of money is to be made by check, it should be made payable to The New York Hospital and mailed to the Secretary of The Society of the New York Hospital at the address given below.

If the donor wishes to make a gift of securities (stock certificate or other instrument of value), instructions concerning their delivery may be obtained from the Secretary.

The suggested terminology for an unrestricted devise or bequest is: "I give, devise and bequeath to The Society of the New York Hospital, a corporation created by Royal Charter granted by King George III in 1771 and located in New York City, New York,...(description of the property) to be used by the Board of Governors for its general corporate purposes."

For a restricted devise or bequest, the suggested terminology is: "I give,devise and bequeath to The Society of the New York Hospital, a corporation created by Royal Charter granted by King George III in 1771 and located in New York City, New York,...(description of the property) to be used for the following purpose(s)..." As a recommended alternative to the restricted devise or bequest, a testator may request the Board of Governors, without directing it to do so, to use such devise or bequest for the purchase or construction of specific capital additions, plant improvements or in support of programs conducted by the Hospital or its Departments. In such case, the devise or bequest will be classified as unrestricted but, subject to discretionary approval of the Board of Governors, will be used to carry out such request. This alternative is preferable to the restricted devise or bequest because it empowers the Board to exercise discretion in dealing with constantly changing priorities and requirements of this large hospital, thereby providing flexibility not present under confining terms of a restricted devise or bequest. When this method is followed, and application of the devise or bequest is left to the Board's discretion, the actual intent of the testator can be better served to the Hospital's advantage than is possible under rigid restrictions.

The New York Hospital encourages gifts without restriction so as to permit greater facility in planning and administering its extensive and complex programs of patient care and medical education.

An Estate Affairs program has been established at the Hospital. The program complements its traditional sources of philanthropic support by offering deferred giving opportunities through Charitable Remainder Trusts that can benefit donors as well as the Hospital.

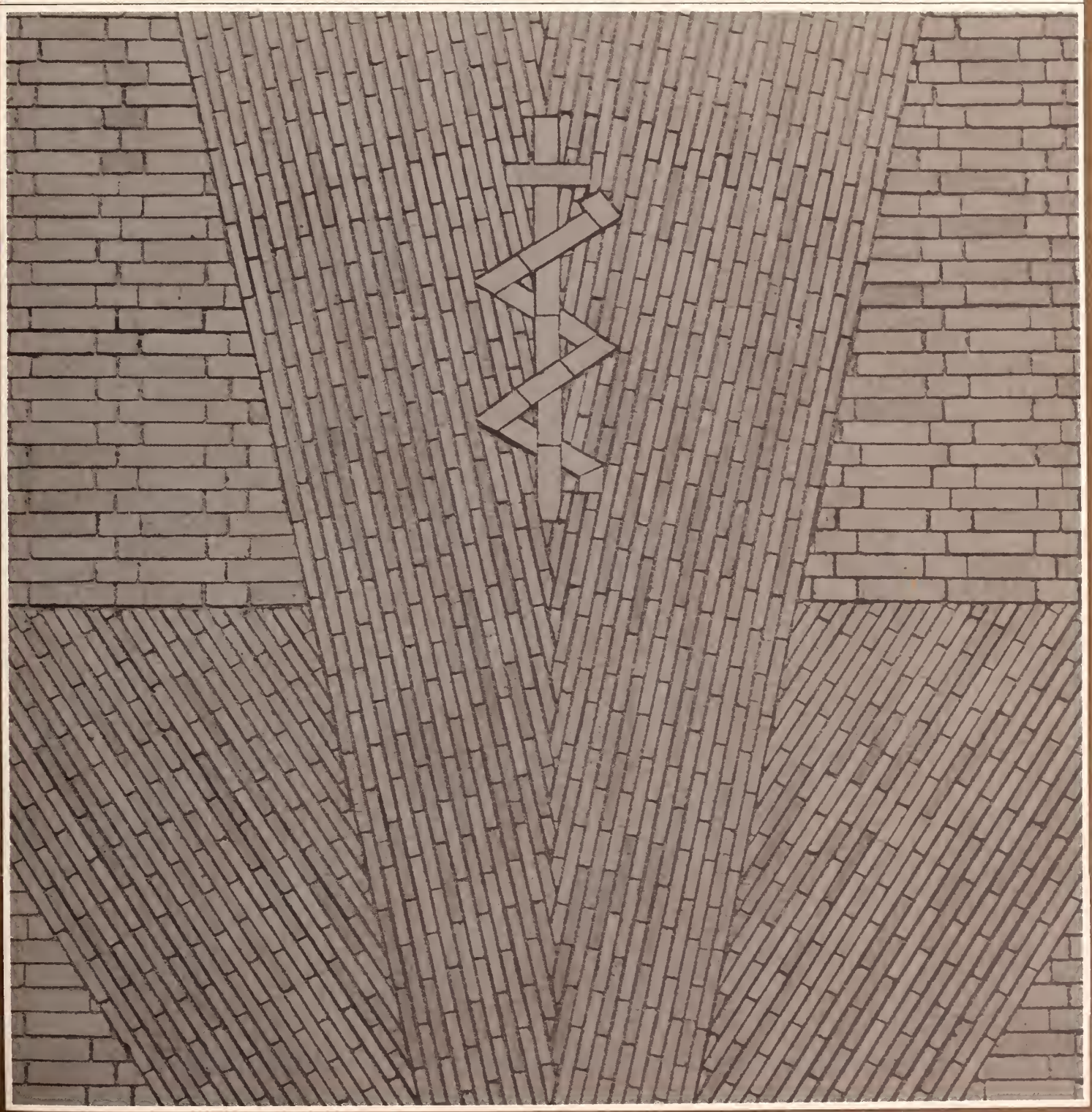
In the event you would like further information, please consult your attorney or the Office of the Secretary of The Society:

Secretary
The Society of the New York Hospital
525 East 68th Street
New York, N.Y. 10021
(212) 472-5645

The Society of the New York Hospital

525 East 68th Street
New York, New York 10021

The New York Hospital marks a fifty-year partnership with Cornell in an academic medical center, and finds its institutional relationships more important than ever.



Photographs:
Morris Warman
Ed Lettau
Dennis Milbauer
Lisa Sheble
NYH-CMC Medical Archives

Cover: *Brickwork above the arch of one of the hospital's main windows: lines radiate outward, with the medical symbol of the caduceus at the center. September 1, 1982 will be the the 50th anniversary of the opening of the medical center.*

Contents

"The interrelationships among the scientists, educators and practitioners of these splendid institutions have reached impressive scope and are growing."

PRESIDENT'S REPORT

The Society of the New York Hospital, established by charter from King George III in 1771, embarked upon its 22nd decade of patient care this past year.

In 1982, we complete a half century at our present location, as partners with Cornell University Medical College in the New York Hospital-Cornell Medical Center.

These are important milestones which bring to all of us a great sense of pride and of history.

They also bring us a deep sense of our obligation to society to excel in medical education and research and in the provision of health care.

Fulfilling this obligation is, indeed, a very great challenge. Economic viability is essential, because only thus can our institution avoid becoming a public charge, placing in jeopardy the tradition of innovation, service and excellence that has been our hallmark.

The rapid changes in medical science and the effort to contain the cost of effective health care complicate the economics of academic medical centers. Short-term, our institution is employing cost-control measures that, in recent years, have held the increase in patient-care costs at the New York Hospital to half the year-to-year national average. Unfortunately, federal and state regulations governing reimbursement for patient care do not reward such cost control. Nor do these regulations compensate for providing care to the increased numbers of the very sick who are the special responsibility of a teaching hospital. Consequently, although our overall financial results are at break-even, operations continue to produce modest losses.

Our partner in the center, Cornell University Medical College, is facing similar circumstances and results.

Neither the hospital nor the college can accomplish its mission separately. We have therefore organized an aggressive joint development effort and have instituted a system of strategic planning for the purpose of charting our future direction as a unit and allocating our resources on a sound basis.

We do this with confidence that the New York Hospital-Cornell Medical Center will continue to play an important role in the health care of our local and national communities.

As an expression of our confidence in the future, we began construction in 1981 on a nine-story addition to our present facility. This addition, blending with the existing structure, will enable the New York Hospital to deliver one class of patient care in a modern and competitive mode. It is to be completed in 1984 and will be named the C. V. Starr Pavilion for Ambulatory Care, Diagnosis and Treatment in honor of the generous gift of front-end funding by the Starr Foundation that made this essential project possible.

A continuing source of confidence in the future is our proximity in this ideal location to Rockefeller University, Memorial Sloan-Kettering Cancer Center and the Hospital for Special Surgery. Within a four-block area are gathered an unparalleled strength and diversity of medical talent and skills. The interrelationships among the scientists, educators and practitioners of these splendid institutions have reached impressive scope and are growing. The joint administrative board of the New York Hospital-Cornell Medical Center has pledged full support to these interrelationships and will encourage further progress at every opportunity.

With sadness, we record the death of Life Governor Harold Weill on December 29. Mr. Weill was an active participant in the affairs of our hospital for some 30 years. The Children's Blood Foundation, which he founded with Dr. Carl Smith in 1952, has provided the bulk of support for the division of hematology/oncology of the department of pediatrics. His devoted support of this endeavor has contributed enormously to the distinguished record of the center in this field of medical science.

On January 12, 1982, Dr. Frank Glenn died. Dr. Glenn served with distinction as surgeon-in-chief from 1947 to 1967 and was a vital force in medical education and patient care here for 50 years. Three years ago he was instrumental in the establishment of a fellowship named in honor of his teacher Dr. Harvey Williams Cushing. Endowed by the Cushing family, it gives young surgeons the chance to study abroad, as Dr. Cushing and Dr. Glenn did in their own careers. We shall miss Dr. Glenn greatly.

Mr. John Hay Whitney, former president of the Society and a governor of the hospital for over 50 years, died on February 8, 1982. It was Mr. Whitney's great-uncle, Oliver Hazard Payne, who was the original benefactor of Cornell University Medical College, and it was the generos-

John Hay Whitney was front and center when ground was broken for the New York Hospital-Cornell Medical Center on June 17, 1929. With Mr. Whitney were (from left) Edward W. Sheldon, president of the Society of the New York Hospital; Dr. Walter L. Niles, former dean of Cornell University Medical College; and Dr. G. Canby Robinson, director of the New York Hospital-Cornell Medical College Association.

ity of his father, Payne Whitney, that made possible the building of this medical center. Following his father's death, Mr. Whitney and his sister, the late Joan Whitney Payson, were among the hospital's greatest benefactors. His magnificent support made possible the quality and diversity of our service to the community. His leadership made a strong contribution to our progress as a medical center. His dedication will serve as an inspiration to all of us in the years to come.

The 8,000 people of this medical center who provide the patient care, medical education and research are its greatest strength. The board of governors of the Society of the New York Hospital is especially grateful for their efforts this past year in carrying on the splendid tradition of our institution.

My thanks to the board of governors for their understanding and support in 1981, particularly to our chairman, Mr. Stanley Osborne, whose advice and counsel were invaluable.

Respectfully submitted,

Robert S. Hatfield

DIRECTOR'S REPORT

Unfortunately, the major item of discussion when it comes to medical care continues to be its cost. Concern over cost overshadows even the extraordinary progress being made in biomedical science and in the development of new medical technology. While opening the way to better care, such advances do not promise immediate relief from the recent cost spiral.

The likelihood that advances will continue to be made, many of them adding to the expense of medical care, places public officials in a terrible dilemma. How can we continue to provide the best medical care the world knows at an ever-increasing cost in the face of many other pressing needs?

Governmental bodies have proposed a variety of cost-containment measures over the past 10 years, most of which have never been adopted. This failure reflects, I believe, a grave concern that a first-rate medical-care system, even if expensive, might be damaged irreparably by ill-conceived or over-ambitious regulation. The voluntary sector—physicians and hospitals—asked to be given an opportunity to manage their own houses, and Congress has complied by declining to pass restrictive legislation. After an auspicious beginning that saw cost increases brought close to the rise in the cost of living, the 1981 figures show an alarming increase—12.5 percent overall for medical care and 17 percent for hospital care. These figures compare with an 8.9 percent increase for the economy at large.

Some analysts of the health-care industry have suggested that competition is the right approach to the problem of inflationary medical costs, now accounting for about 10 percent of the gross national product. Citizens would be provided options as to how much medical care they wish to purchase from what types of providers. Employers would acquaint employees with the options available and would assist them in making suitable arrangements. Since employers and employees would have financial incentives to select less expensive options, the opportunity would exist for savings and concomitant reductions in the rise of medical costs.

Low-cost medical care is not generally associated with teaching hospitals, such as the New York Hospital; indeed, teaching-hospital costs are 40 percent higher than those of non-teaching hospitals. There are at least three good reasons for this.

Most important of all is that teaching hospitals have great numbers of complex, hence costly, cases. At teaching hospitals are found the specialized personnel and facilities needed for cardiac surgery, neurosurgery, kidney transplantation, high-risk-mother and infant care and many other complicated medical procedures. Aggregating such patients in major teaching hospitals demonstrably results in better outcomes for the patients and greater efficiency in their care. But it also drives up the overall and average costs of care at this and other teaching hospitals.

Second, teaching hospitals are the locus for the education and training of future physicians. The New York Hospital provides salary support for 427 residents and clinical fellows. Their salaries and benefit programs were $9,600,000 in 1981. Additional indirect costs of this educational program were on the order of $2,300,000.

Third, teaching hospitals, along with publicly supported hospitals, have traditionally provided the lion's share of care for the indigent. Financial losses from care of the indigent and from outpatient and emergency services are staggering. At the New York Hospital these totaled $6,000,000 in 1981.

Clearly these three major differences between teaching and non-teaching hospitals must be recognized and appropriately compensated for. At the same time, it is vital that we preserve the means to compete in an essentially open and private health-care system. We must seek out every means of economizing.

At the New York Hospital in the past two years, costs increased 10.7 percent in 1980 and 8.8 percent in 1981. The increase for 1981 is about half the average increase for hospitals nationally, and, in fact, is about equal to the nation's overall rate of inflation. Were the nation's experience that of this hospital's, the cost problem would not be nearly so acute.

Economies have not been achieved without sacrifices. Personnel have been reduced to the point where there is no margin for absenteeism among the staff or for more-than-anticipated increases in numbers of severely ill patients. Allocation of funds for plant modernization—for example, replacement of our four-bedded inpatient facilities—has been impossible. Obsolescence is the predictable out-

The skeleton of the new medical center towered in the background, as children tended the gardens of the Rockefeller Institute next door. The year was 1930.

come as the situation now stands.

Yet, I am confident that resources will be found both to maintain the high standards of which we are proud and to enable us to continue as a leader in the academic-medical community. One way to new income may be through innovations in our corporate structure. It may well be advantageous to establish new corporate entities—which would absorb or build upon existing entities—to gain access to new resources for the hospital and medical center.

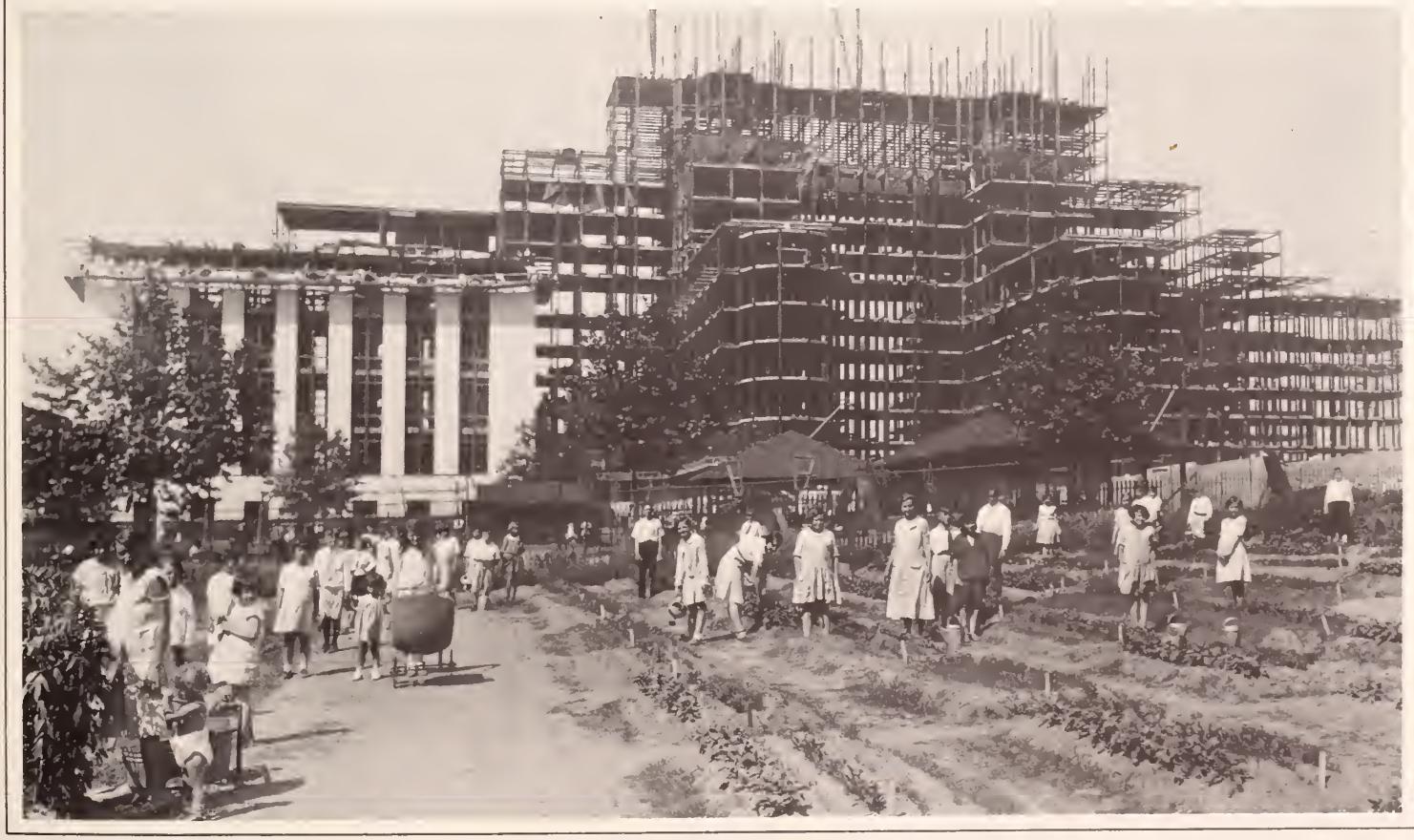
The vitality of American medicine in the years ahead will depend on whether progress can continue to be made in patient care and research while expenditures are held in check. The recruitment last year of outstanding leaders for the center's departments of medicine and anatomy will contribute greatly to our achievement of these goals in the years ahead. Our new physician-in-chief, Dr. R. Gordon Douglas, Jr., returns to this center—where he was both a medical student and chief resident in medicine—with a distinguished record in academic medicine, particularly in the field of infectious diseases. Dr. Donald Fischman, the new chairman of the department of anatomy—also an alumnus of the medical college—has made major contributions to our understanding of the structure of muscle cells, research with important implications for the treatment of heart disease and a whole range of muscle disorders.

As these appointments suggest, our own vitality as an institution is inextricably linked to that of Cornell University Medical College. An overriding common purpose was clearly seen more than a half century ago by those who drew up the joint agreement that laid the basis for this medical center. Today, as our joint long-range planning effort confronts us with the world of the 1980's and 1990's, that common mission remains as vivid as ever.

Respectfully submitted,

David D. Thompson

David D. Thompson, M.D.



As construction began on the Starr Pavilion, a new system of one-class ambulatory care continued to displace the traditional clinic system.

A new chapter in the medical center's history of service to the community began on October 7, 1981. With assistance from an impressive array of civic officials and business and community leaders, the center broke ground for the C. V. Starr Pavilion for Ambulatory Care, Diagnosis and Treatment.

Governor and Mrs. Hugh Carey and Mayor Edward Koch joined the festivities. Representing the center were Robert Hatfield, president of the Society of the New York Hospital; Dr. David Thompson, director of the New York Hospital; and Dr. Thomas Meikle, dean of Cornell University Medical College. Maurice Greenberg, a governor of the hospital and the chairman of the Starr Foundation, represented the foundation, which made a start-up gift of $7,500,000 for the new construction.

The Starr Pavilion will be the focus for outpatient care at the hospital for many years to come. Its 200,000 square feet on nine levels will accommodate ambulatory, diagnostic and treatment areas, as well as office space for doctors in group practices who will provide outpatient services traditionally given by the hospital's clinics. The clinic system is being phased out in favor of a single system of care in which every patient is seen either by a member of the attending staff or medical professionals under an attending's direct supervision.

The new building will occupy the air space over 70th Street between York Avenue and the FDR Drive, and will connect with the "K" and "L" wings of the main hospital. A 40-foot-high underpass will provide vehicular access to the emergency room, the Lying-In-Hospital, and the Hospital for Special Surgery. Being financed principally through tax-exempt bonds issued by the New York State Dormitory Authority, construction of the building and renovation of adjacent hospital areas are scheduled to be completed by the fall of 1985.

The Starr Pavilion represents a response to two major developments of recent decades at the New York Hospital.

One is the growing need for space brought about by the development of many new diagnostic tests and medical procedures. These help make modern medical practice the precise and powerful instrument it is, but they also take up a lot of room.

The other is growing dissatisfaction with the clinic system that has been a traditional part of teaching hospitals. One problem is lack of continuity in care: a patient who had to make repeated visits to a clinic might see a different physician each time; if then admitted to the hospital, he might very well be treated by a whole new set of physicians. Another problem is that the system is inefficient. Doctors see some of their patients in a private office in the hospital and other patients in clinic. Wouldn't it be more efficient and require fewer staff if all patients were seen in one place?

As a result of a planning process begun in 1976, basic changes are being made in the way outpatient care is provided at the New York Hospital. In 1980 the general medical clinic—the first place to which many people in the community come with their problems—was converted to a teaching group practice called Comp Care. The cardiology clinic was converted last year, and other services are either in the process of converting or making plans for conversion.

The new system in general medicine, Comp Care, is staffed by full-time attending physicians, nurses, residents and students. Medicaid and Medicare reimbursement is accepted as full payment, and Comp Care makes special financial arrangements for many other patients. A special effort is also made to provide care for patients in the nearby community and

Governor and Mrs. Hugh Carey help break ground for the Starr Pavilion. Looking on are Society President Robert Hatfield, Mayor Edward Koch, and Maurice Greenberg, chairman of the Starr Foundation. Below, doctor meets patient in Comp Care, a new system of general-medical ambulatory care.

for patients who have used the hospital in the past. Attending physicians assume responsibility for the care of patients who are admitted to the hospital, and coordinate their care through visits seven days a week.

In nearly two years of operation, Comp Care has compiled a record that speaks well for the new system. The fact that all patients have access to an attending physician through an answering service 24 hours a day has dramatically decreased visits to emergency rooms for problems that private physicians have traditionally handled over the phone. Patients clearly derive satisfaction from having their own physician. Sharply defined responsibility and continuity of care are resulting in fewer repeat visits for appointments, in staffing economies and in an improved record of reimbursement.

Indeed, Comp Care is already emerging as a leader in the field of primary care. Through a $350,000 grant from the W. K. Kellogg Foundation, awarded last year, an educational cost-containment laboratory has been established within Comp Care. The object: to gather data on the practice patterns of physicians and to train physicians, medical students and nurse practitioners in making cost-effective clinical decisions.

Ophthalmologists at the center have achieved unprecedented precision in diagnosis through ultrasound. Last year they used ultrasound therapeutically as well.

Juan, four years old, sits on an examining table, legs swinging, as a physician bends down to him. Laughing, the two are discussing an important subject, the relative merits and messiness of sugarless lollipops and bubble gum lollipops.

The lightness of the moment belies the seriousness of the condition for which Juan was treated at the New York Hospital, a combination of glaucoma and a retinal disorder known as Coats' disease. Like many of the patients treated at the hospital last year for ophthalmic disorders, Juan had the benefit of an examination by ultrasound. Under the leadership of Dr. D. Jackson Coleman, the medical center's department of ophthalmology has developed capabilities in ultrasound as advanced as any in the world.

Ultrasound—vibrations transmitted at frequencies many times greater than those audible to humans—is based on the principle that sonar pulses are reflected by objects of different density from the medium that surrounds them. Its two great medical advantages are that it provides vital information and is totally non-invasive—no surgery, no radiation, no dyes or other substances. Ultrasound can be used to diagnose scores of ophthalmic disorders, among them tumors of the eye, detached retinas, and dislocated lenses. It can also pinpoint metal chips and other small objects that have penetrated into the vitreous, the gel-like substance that fills most of the large posterior chamber of the eye. In the area surrounding the eye, ultrasound fashions images of the optic nerve, muscles, orbital fat and other structures.

Scanning the eye with ultrasound is a simple, painless procedure. The patient lies on an examining table, head positioned comfortably on a pillow or folded towel. Since water improves resolution of ultrasound images, the eye is immersed in a bath of sterile, warmed saline, supported by a plastic drape positioned securely around the eye. A special transducer, submerged in the water, beams sound waves into the eye and records the reflections as they bounce off the cornea, lens, retina and other tissues. Electrical impulses created by these echos generate images on television-like screens.

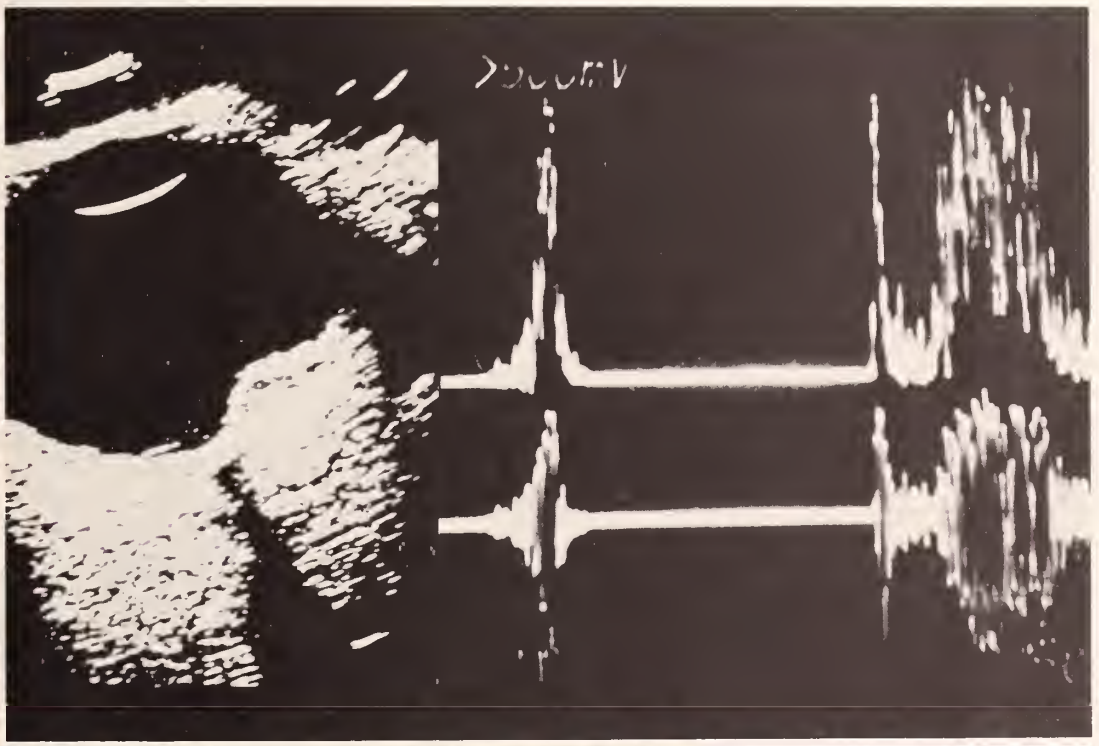
Two different kinds of images are generated simultaneously on the screens. One display, called a B-scan, gives a topographic outline of the eye and localizes any lesions or structural changes. If the patient has a tumor, the television-like image gives a good idea of its size, shape and location in the eye. The other display, called an A-scan, looks something like a graph. The pattern of peaks and valleys constitutes a kind of instant tissue analysis, indicating, perhaps, whether a tumor is benign or malignant. The two scans have been compared to components of a cartoon, the B-scan being analagous to the picture and the A-scan to the text.

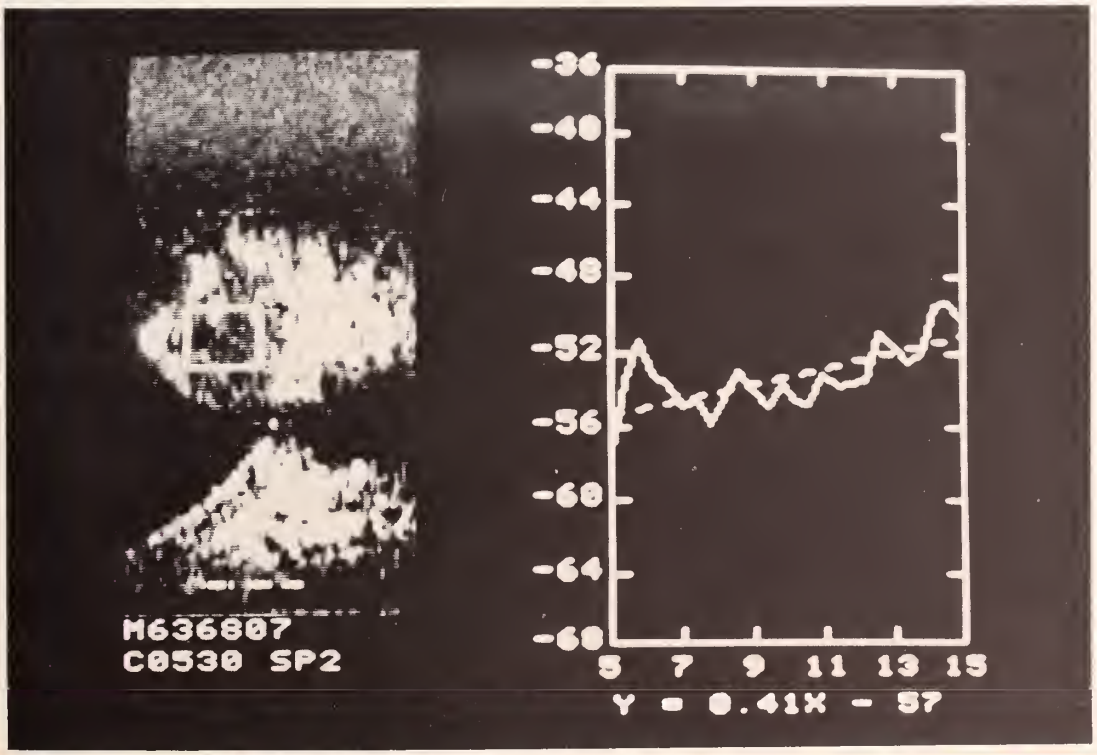
Dr. Coleman and his associates have recently carried the process an important step further. By developing a way to zero in on small, even minute, portions of the scans, they can analyze tissue with greater precision than ever. In this case, the "specimen" is a selected portion of the echo, which is isolated and decomposed electronically then run through a computer to eliminate distortion. What emerges is a graphic display the size, shape and slope of which can provide important information in cases hard to diagnose by conventional ultrasonography. The spectrum analysis technique, as this new development is called, is particularly useful in differentiating among tumors.

Computers are also used

Ophthalmologist-in-Chief D. Jackson Coleman and technician Mary Smith prepare for diagnosis with ultrasound.

B-scan (above left) gives a topographic outline of the eye. The front of the eye is on top and the retina, which has a tumor, is on the bottom. The A-scan (top right) provides a tissue analysis of the same condition. In the displays below, a spectrum analysis (right) provides an "acoustic biopsy" of a selected portion of a tumor detected in the B-scan on the left. The analysis indicates that the tumor is a particularly dangerous condition called malignant melanoma.





extensively at New York Hospital-Cornell Medical Center to store data for later comparison. For example, at the ophthalmic oncology center, headed by Dr. Robert Ellsworth, some 1700 cases of retinoblastoma, a strongly hereditary cancer of the eye, are in the process of being entered into that center's computer. This project is important not only for treatment of that particular condition, but for the light it can shed on the relative roles of heredity and environment in cancer.

In another major development, ultrasound was used for the first time in 1981 not only to diagnose disorders but to treat them. At extremely high intensities ultrasound can be focused to spots smaller than a millimeter and can be used to modify tissue in sites inaccessible by other means. Patients with malignant glaucoma are being treated with ultrasound when surgery and drug therapy are not successful. Ultrasound is also being used to seal detached retinas and to break up sight-depriving hemorrhages in the vitreous. Thus, as its diagnostic capabilities continue to be extended, a new application of ultrasound at the medical center offers exciting opportunities for noninvasive treatment of a whole variety of ophthalmic conditions.

A new information center, courses for medical students and progress in research were among the achievements last year of an innovative nutrition program.

"Enormous interest in nutrition [is stimulating] people to request laboratory tests on themselves in order to determine whether they are deficient in any particular nutrient and whether they are well nourished. An increasingly popular item is having one's hair analyzed . . ."

So begins the first of a series of papers being issued by the Nutrition Information Center of New York Hospital-Cornell Medical Center and Memorial Sloan-Kettering Cancer Center. In three concise pages, the paper summarizes for physicians and other health professionals the advantages and disadvantages of the hair analyses being performed by an increasing number of laboratories. It concludes that "there are so many factors influencing the results of hair analysis that there is little if any diagnostic value to be derived from a casual examination of hair taken at random . . . Hair analysis may be better suited to broad studies of population than to detailed investigations of individuals."

Issuing papers on pertinent and controversial aspects of nutrition is one of many services being provided or planned by the Nutrition Information Center. They include maintaining a telephone "hotline," developing a nutrition library, issuing calendars of events and directories, establishing a speakers bureau and developing both in-service programs and courses for medical students, house staff and practicing physicians.

Established during 1981, the center is part of a unified program in nutrition that has been developing over the past three years at the medical center, at Memorial Sloan-Kettering Cancer Center and at Rockefeller University. Dr. Richard Rivlin, an attending physician at the New York Hospital who holds appointments at all the participating institutions, coordinates the program, and is principal investigator for $1,750,000 in grants from the National Institutes of Health. The program is also supported by funds from private sources.

Actually, expertise in nutrition is nothing new to the medical center. The New York Hospital has always prided itself on the excellence of its dietetic services. Cornell University Medical College has a long and distinguished record of nutrition research; in fact, Dr. Graham Lusk, professor of physiology at the medical college from 1909 to 1932, pioneered in establishing nutrition as a science in the United States.

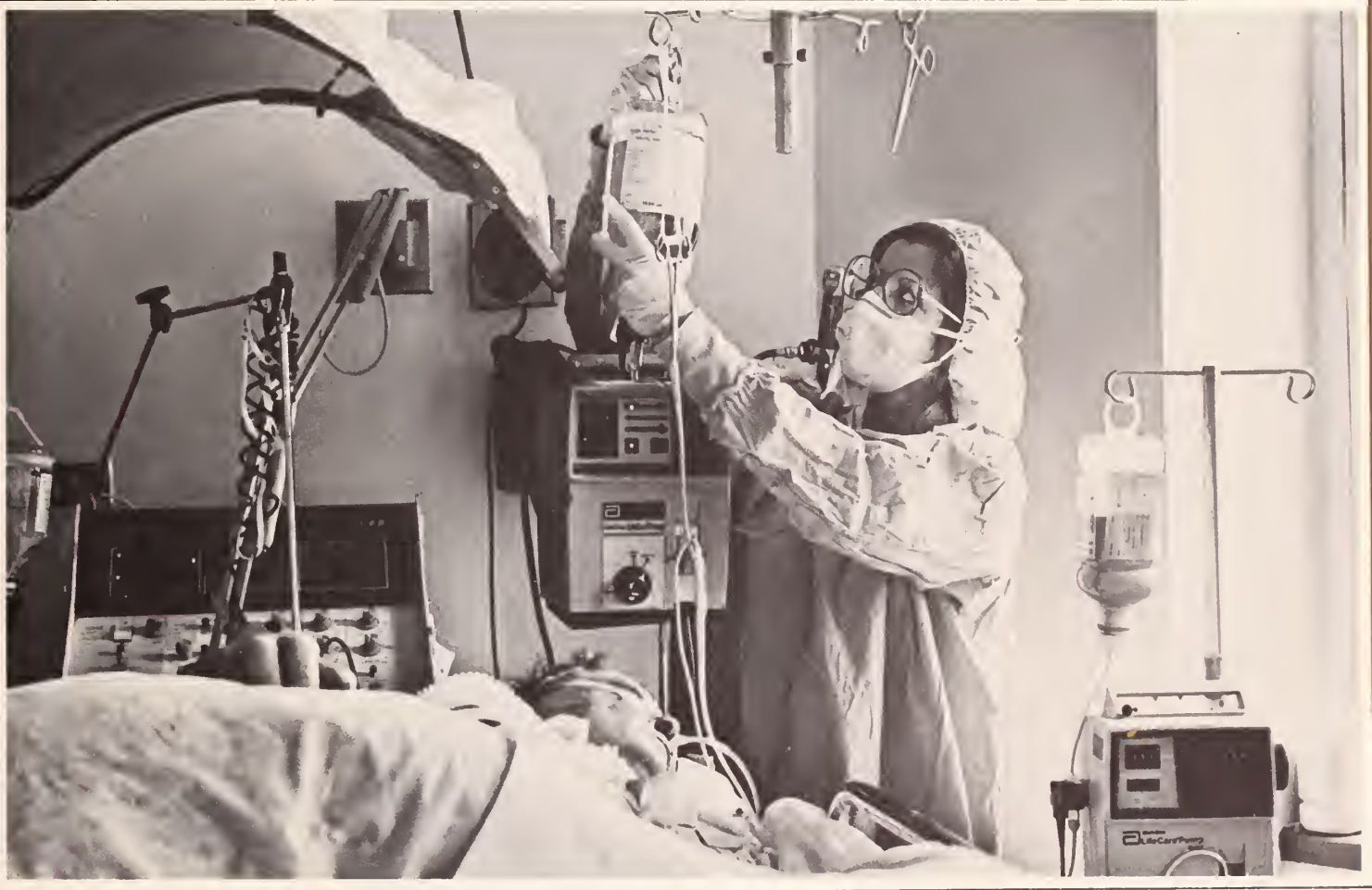
The development of an ambitious new program in the past several years stems from recognition of the fact that, although valuable work relating to nutrition was going on at the medical center and its neighbor institutions, these efforts lacked a strong central focus. This recognition has resulted in action basically on three fronts.

Education. A course dealing with practical approaches to clinical nutrition was developed for second-year students of Cornell University Medical College. When this becomes a required course in 1982, it will mark the first time that the study of nutrition will be an explicit part of the degree requirements at the medical college. In addition, seven young physicians and scientists will receive advanced training in nutrition at the three collaborating institutions as a result of a federal grant received last year.

Research. Five laboratories at Memorial Sloan-Kettering and Rockefeller have been designated "core laboratories," facilities with advanced capabilities in performing the high-precision measurements required in modern

Dr. Richard Rivlin, nutrition-program coordinator, lectures in a new course for second-year students at Cornell University Medical College.

Research at the burn center is focusing on how trace metals in the diet contribute to the body's ability to fight off infection.



research—measurements relating to cell biology, biochemistry, biophysics. Instead of building a new laboratory, the nutrition program augments the staff of these established laboratories, which collaborate with investigators doing nutrition research with patients.

One such study at the New York Hospital focuses on the nutritional needs of burn patients. Recovery from severe burns depends to a great extent on the ability of the body's immune system to fight off infection, and investigators are trying to determine how trace metals, like zinc, contribute to the effectiveness of the system. The metals and metabolism laboratory at Memorial Sloan-Kettering and other core laboratories play important roles in this study, which also bears on research going on at Memorial Sloan-Kettering on how nutrition affects the ability to fight off cancer. Dr. Rivlin and his staff work as catalysts, fostering connections among the various research groups in the three institutions.

Information—the third major aspect of the nutrition program—is disseminated both to professionals (a series of volumes entitled "Contemporary Issues in Clinical Nutrition") and to the lay public (nutritional-information booklets for cancer patients). All this is in addition to the extensive activities of the Nutrition Information Center, directed by Ms. Cheryl Corbin (472–6958).

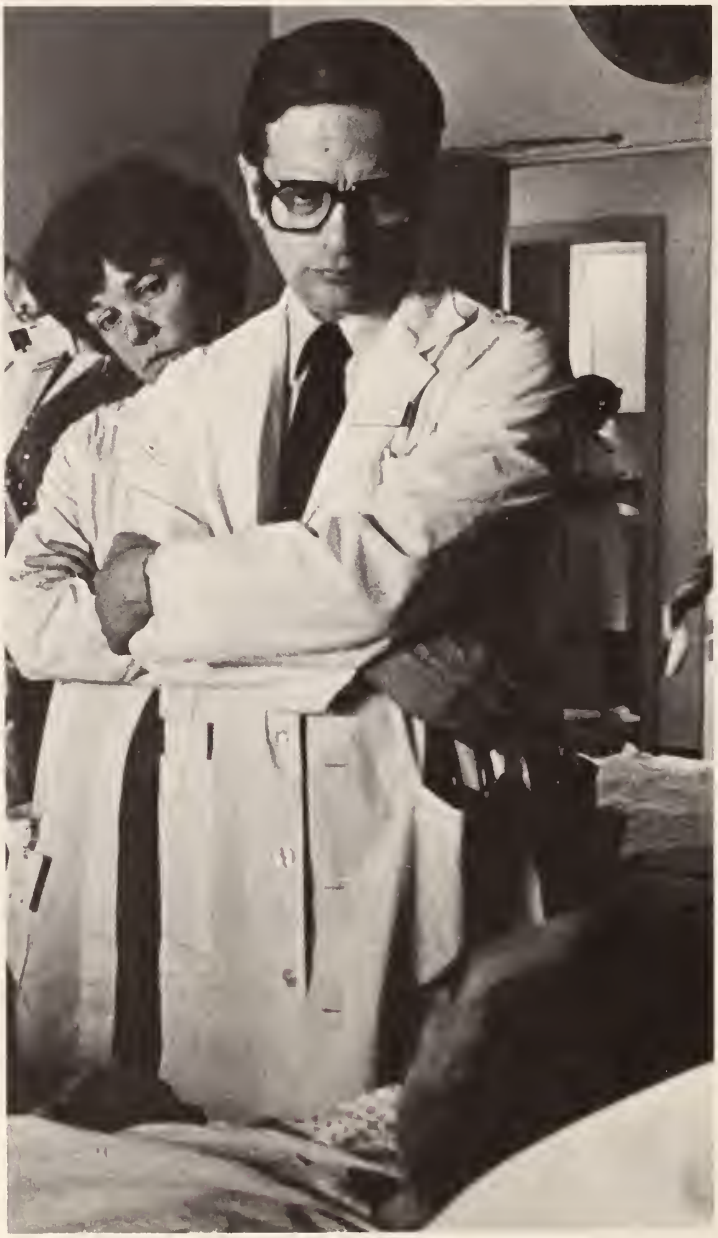
"Should I be taking vitamins?" "What should I eat to avoid cancer?" "Should I have my hair analyzed?" As patients ask more and more questions about a subject taught only superficially in many medical schools, the Nutrition Information Center—and the comprehensive program in nutrition of which it is a part—fill an increasingly important need.

The comfort and peace of mind of the dying patient and his family are the concerns of the Supportive Care Service, inaugurated last year.

Almost 30 years ago a student at Cornell University Medical College had his first experience of caring for a terminally ill patient. The patient was dying of lung cancer, and the student would visit him at home under supervision to see to his needs, including his needs for pain killers. The student's impression was that the patient died in circumstances that were as comfortable and tolerable as possible.

Today Dr. Henry Erle, a 1954 graduate of the medical college who is now an associate attending physician at the New York Hospital, heads a new service at the hospital that is dedicated to that same goal. The Supportive Care Service of the New York Hospital, inaugurated last year after three years of planning, is specifically geared to the needs of the 600 terminally ill patients cared for at the hospital each year.

In large part, medical progress has brought this service into being. Where an advanced case of cancer was formerly considered to be beyond treatment, medical progress makes it possible today to extend lives even after cancer has spread, sometimes extend them for years. Advances in medical treatment have made physicians more effective in their therapies, less accepting of the inevitability of death. The risk is that, in the effort to apply new techniques to extend life, other needs of the patient and the patient's family may be overlooked.



The new service adopts many of its attitudes and approaches from the hospice movement that started in England in the 1960's. But whereas hospices are special places for the terminally ill, the Supportive Care Service—following the approach associated with St. Thomas' Hospital in London—operates within the hospital system and works with the hospital staff. "We want to avoid the concept of a special setting for dying," Dr. Erle says. "We wait to be asked by the person in charge of the patient's care before we get involved. We do not take over their function, but rather augment and coordinate it."

Registered nurses Geri Gray and Linda Lonski and Dr. Robert Meyer are the supportive-care team. Members from internal medicine, oncology, psychiatry, surgery, social work and chaplain services take part in planning patient care and in clinical rounds. A key member of the team is Mrs. Alice Hugo, director of the hospital's home-care agency. The New York Hospital has 30 years of experience in linking care between the hospital and the patient's home.

A major concern of the service is staff support. If physicians equate inability to cure with failure, the dying

Dr. Marcus Reidenberg and nurse Geri Gray of the Supportive Care Service discuss medication needs with a patient (opposite), then confer with Drs. David Wolf (left) and Henry Erle.

patient may find himself alone at a time when he needs medical help in relieving pain or other symptoms. Mrs. Gray works closely with the nursing staff, who, in the words of one of the service's planning documents, must "be willing and able to invest of themselves in situations that are not glamorous or heroic and at times may be distasteful."

A primary goal of the consultation service is to improve relief of pain—what practitioners call "symptom control." For many patients, the fear of pain, of an agonizing lingering death, is more intense than the fear of death. Dr. Meyer's research is focused on the use of individual and combined drugs to deal with side effects of treatment, such as nausea and vomiting. A fellow in the department of medicine's division of clinical pharmacology, Dr. Meyer works closely with the division's head, Dr. Marcus Reidenberg, who was a member of the planning group for the new service and who plays a major role in its current activities. The research also draws on extensive studies on pain relief that have been done at Memorial Sloan-Kettering Cancer Center.

Given the service's broad concern with making the patient as comfortable as possible, counseling is inevitably part of the program. Ms. Marjorie Jonas, director of the department of social work, plays a key role, and the team works closely with unit social workers. The unit of care is the family. A great deal of time is spent with family members, as well as with the patient, in determining the best way to provide care.

Many patients with terminal illness want to go home. The home-care program goes to great lengths to make this possible. When it is not, the patient may remain in the hospital or be transferred to a facility specializing in terminal care, for example Calvary Hospital in the Bronx. The Supportive Care Service continues to keep in touch with the patient and family.

As part of its educational work, the service is reaching out to the larger community of medical professionals. In May 1982 it will conduct a three-day course in symptom control under the sponsorship of the American College of Physicians. Dr. Cicely Saunders, a pioneer in hospice care and head of St. Christopher's Hospice in London, will be the featured speaker.

The goal here, as in all the service's activities, is summed up in a phrase of the French social historian Philippe Aries—a "dignified exit of a peaceful person from a helpful society."

In the departments of psychiatry, neurology and medicine, advances continued to be made in treating and understanding disorders associated with aging.

The old man, in his eighties, lives alone, and lately his family has become increasingly alarmed about him. Fiercely protective of his independence, he refuses to accept help in maintaining his household. Yet, he seems to be losing his grip, forgetting events that happened recently, sometimes failing to recall what day or even what month it is, but, on the other hand, dwelling in minute detail on events that happened years ago. Recently he left a pot of water boiling on the stove while he went out on an errand, and the neighbors ended up by calling the fire department.

The case is not actual; but cases like it are confronted every day by the geriatrics section of the department of psychiatry of New York Hospital-Cornell Medical Center. Located at the hospital's Westchester Division, in White Plains, the section is bringing new directions to a distinguished tradition in geriatric psychiatry. With 67 beds, it is one of the largest programs in geriatric psychiatry in a voluntary hospital, as well as one of the most advanced and ambitious.

In most cases, psychiatric disorders in the aged are in response to very real problems of aging. Upsetting patterns of long standing, they have a special quality of poignancy about them—as well as a special quality of confusion. What is a family to make of the mental decline of a parent or grandparent: is it an irreversible part of aging or can something be done about it? The old man who left the pot boiling on the stove may be the victim of a dementing process, a physical degeneration of the central nervous system. Dementias are of different types with widely differing prognoses and are often combined with psychiatric manifestations. The patient may, alternatively, be suffering from a depression that gives the appearance of dementia, and symptoms may very well disappear with proper treatment of the depression.

To help make the difficult discriminations required in such cases, a geriatric assessment unit was established in 1979 as a cooperative effort between the Westchester Division and its neighbor in White Plains, the Burke Rehabilitation Center. Typically the unit applies its expertise to cases referred by physicians in the community. It provides a full neurologic, psychiatric and medical work-up in two extended outpatient visits, then makes an assessment and recommendations for future treatment. Perhaps the best index of the success of the program is that institutionalization has been recommended in only a small minority of cases. In essence, the program is preventive, setting up supports for the patient and his family that, in many cases, obviate the need for institutionalization.

For patients needing psychiatric hospitalization, the department has during the past several years adopted an intensive mode of treatment that enables it to provide the best of care for an expanding aged population. From two full-time psychiatrists and one part-time psychiatrist in 1979, the section today has a staff of 11 full-time psychiatrists. A new emphasis on problem resolution and crisis support is seen in the average length of stay: where at one time geriatric patients would commonly be hospitalized for months or even years, the average length of stay today is about 50 days.

Treatments in the geriatric

A specimen obtained from an elderly volunteer (opposite) is processed in the division of geriatrics of the department of medicine. The aim: better understanding of the role of the immune system in the aging process.

The geriatric section at the hospital's Westchester Division (below) has an intensive program in psychiatric care. With 67 beds and 11 full-time psychiatrists, it is one of the largest programs in geriatric psychiatry in a voluntary hospital.

section reflect the breadth and diversity of modern psychiatry. They include individual and group therapy, family therapy and crisis intervention. Drugs and electroconvulsive therapy are used to alleviate severe symptoms, to help patients regain the sense of reality that will enable them to respond to psychotherapy. The ultimate aim is to help the patient and his family understand the very real problems facing them and act to alleviate them.

The geriatrics section also has an outpatient program. It is generally agreed among psychiatrists that about 20 percent of the elderly suffer from one or more symptoms of depression, such as sleeplessness, lack of appetite, inability to concentrate, lassitude, loss of sexual desire, feelings of worthlessness and hopelessness. Dr. Charles Shamoian, who heads the geriatrics section, emphasizes that in the great majority of cases outpatient psychiatric care can effectively deal with these symptoms, and the section began last year to draw up plans to expand its outpatient activities. Also initiated last year was a program to provide consultation and staff education for nursing homes.

Impressive as these programs are, they are only part of the total involvement in geriatrics of New York Hospital-Cornell Medical Center. The department of neurology has one of the nation's leading programs in the study of Alzheimer's disease, the principal cause of organic dementia in the aged. Located at Burke Rehabilitation Center, a team headed by Professor of Neurology John Blass is studying the biochemical and enzyme defects that the disease produces in the brain, in the hope of finding leads for a cure.

Meanwhile, the division of geriatrics of the department of medicine moved forward last year in research, education and patient care. Dr. Marc Weksler, Wright Professor of Geriatrics and Gerontology, heads a team looking into the role of the body's immune system in aging; last year the National Institute of Aging approved a $3,000,000 renewal of the grant that supports these important studies. Also in 1981, the division embarked on a major collaborative program with the Metropolitan Jewish Geriatric Center of Brooklyn to test the feasibility and cost-effectiveness of a prepaid health plan geared to the elderly. Currently in the planning stage, the program, which is sponsored by the U.S. Health Financing Administration, will provide health services to some 4,000 elderly people in the Boro Park section of Brooklyn.

Describing previously unknown forms of hypertension has become something of a habit at the department of pediatrics. Last year they did it again.

In 1973, Dr. Maria New, a leading pediatric endocrinologist who today is the New York Hospital's pediatrician-in-chief, was contacted by the director of the pediatric services at the Indian Affairs Hospital in Gallup, New Mexico. A three-year-old girl of the Zuni tribe was suffering from severe high blood pressure that had defied the best efforts of doctors in Gallup and Denver. Weak and sickly since birth, the child would probably suffer a stroke before adolescence unless some way were found to lower her pressure.

Although high blood pressure, or hypertension, is generally associated with adulthood, it strikes children too, sometimes with tragic results. There is today no generally accepted figure for the incidence of hypertension among children and adolescents. Estimates have ranged as high as 10 percent, but the difficulty of defining the condition in childhood and lack of uniformity in techniques for measuring pressure make it impossible to say today what the dimensions of the problem are.

What is clear is that there are great advantages to treating juvenile hypertension as soon as possible, before it causes permanent damage to the kidneys, the cardiovascular system or the nervous system. Thus, when Dr. New examined three-year-old Lisa on the Zuni reservation back in 1973, she suggested that the child be brought immediately to the New York Hospital-Cornell Medical Center for diagnosis and treatment. It was far from certain that the Zunis would countenance the trip. Their explanation for Lisa's condition left little room for medical science: the child was ill, they said, because her father had violated a taboo in killing a deer during his wife's pregnancy. The leaders of the Parrot clan, of which Lisa is a member, met to consider Dr. New's request and finally consented.

Some 100 patients a year are treated for juvenile hypertension at the New York Hospital. For the most part, their high blood pressure is brought on by hormonal abnormalities that cause the body to retain too much salt. The salt in turn swells the volume of the blood, producing high pressure.

Hormonal forms of hypertension are rare, and some cases treated at the hospital—for example, Lisa's—appear to be extremely rare. It is the ability to treat the highly unusual case—an ability found in many places at the New York Hospital—that makes the department of pediatrics a worldwide referral center for juvenile hypertension. Specialized studies can be carried out not only on patients but on their families, since high blood pressure has been shown to have a genetic component. Experimental drugs can be investigated in a controlled setting: recently, for example, the department was able to report encouraging results in children treated with the new drug captopril.

After several months of carefully conducted trials, a suitable drug was found to bring Lisa's pressure under control. Today she is a far cry from the sickly child Dr. New first saw in New Mexico nine years ago.

Still, until recently the cause of Lisa's hypertension remained a mystery. Clearly some hormone produced by the adrenal gland was causing the high pressure. But measurements of all hormones previously implicated in juvenile hypertension showed them to be present in below-normal quantities.

An academic medical center is where patients receive superior care and, in addition, where caring for patients contributes to medical science. Dr. New and her associates continued, therefore, to probe the mystery of Lisa's hypertension, and last year the long search finally produced an answer. The problem, it appears, is not in the overproduction of a hormone but in the failure of a hormone to break down

Lisa when she was first treated for hypertension at the New York Hospital (opposite) and during a return visit last year with Pediatrician-in-Chief Maria New. About 100 cases of juvenile hypertension are treated at the hospital each year.

normally in the bloodstream. The enzyme that breaks it down is lacking in Lisa because of a genetic abnormality; thus, the hormone remains in the body an unusually long time and can act upon the kidneys to block the excretion of salt.

Describing previously unknown forms of hypertension has become something of a habit for Dr. New and her colleagues: this is the third form of reversible childhood hypertension they have discovered. Further investigations will be carried out to confirm the new finding as well as to determine whether this same genetic deficiency is the cause of high blood pressure in other cases. Just possibly Lisa's hypertension may turn out to be not quite as rare as was originally thought.

Indeed, unusual though it is, this case suggests something that is true for all hypertension—the largely enigmatic nature of the disease. Although high blood pressure is one of the most frequently treated diseases in the country—and one of the most deadly, a major cause of strokes and heart attacks—much remains to be learned about its basic causes, hormonal and otherwise. The finding in Lisa's case adds one more piece toward solving one of medicine's most important puzzles.

AUXILIARY REPORT

The Auxiliary of the Society of the New York Hospital has continued to expand both its programs and membership.

The program committee, under the direction of Mrs. Lawrence S. Sonkin, has presented speakers and topics of interest to the entire community. In addition we have invited auxiliaries from neighboring institutions to our meetings.

The thrift shop, now two years old, generated more than $50,000 in revenue last year under the leadership of Mrs. Waldemar Berg.

The gift shop and tv-rental department, under the direction of Mrs. Bonnie Poloner, earned over $100,000 in 1981 from the sales of items ranging from candy bars to silver trays. The gift shop cart continues to provide a much needed service to patients in the hospital.

The art committee, under the direction of Mrs. Benjamin H. Kean and Mrs. Alton Meister, has been involved in many projects serving both patients and staff. Through the success of their art sales they continue to help fund the purchase of new art for the hospital.

The Lying-In Hospital committee, chaired by Mrs. David N. Barrows and Mrs. Robert Kinzel, was honored at a luncheon in December for its more than hundred years of service to the hospital. This dedicated committee again has purchased electric beds for the Lying-In Hospital.

The auxiliary continues to support the hospital's diversional crafts program, the Volunteer Services for the Elderly of Yorkville (VSEY), and a community newsletter that appears quarterly in the newspaper *Our Town*.

We have supported the department of pediatrics in the purchase of equipment, educational materials, and special furniture for parent use. In addition, the auxiliary has agreed to fund half the salary of a driver for the New York Hospital van, recently purchased by the auxiliary to transport elderly patients to the hospital for appointments. A television set has been purchased for the EEG waiting room.

The Rollin Browne Fund, which is administered by the auxiliary, allocated $18,000 to the departments of social work, pediatrics and rehabilitation medicine.

The auxiliary's earnings have enabled it to allocate $100,000 for a New York Hospital project still to be determined. Consultations with the hospital administration are proceeding, with the exact nature of the project to be decided by a vote of the membership later this year.

With plans for an exciting benefit, an increasing membership, and new projects, we look forward to the year ahead.

Respectfully submitted,

Ellen Imber
Jane Stubenbord

Mrs. Gerald Imber
Mrs. William T. Stubenbord
Co-Presidents

VOLUNTEERS REPORT

During 1981, 441 volunteers collectively contributed 50,415 hours to the hospital. Although space does not permit a comprehensive report on all volunteer activities, those described give some idea of their value to the hospital in its day-to-day operations.

Thanks to volunteers stationed at the information desk in the inner lobby, the closing of the 70th Street entrance to the hospital necessitated by the start of construction of the Starr Pavilion was far less traumatic than it might have been. Volunteers helped the administration work out a flow pattern for outpatients unfamiliar with the other entrances to the hospital.

Volunteers helped make two blood drives successes by working out schedules for donors.

Volunteers contributed in important ways to the religious life of the hospital. They helped patients get to services of worship and in some instances even helped set up services—for example, a Passover seder.

Two Visitors Days were held in 1981 to help familiarize guests from the community with the medical center. Volunteers contributed to making these days successful by acting as tour guides and by performing clerical work.

When members of the Harkness Dance Theater gave a ballet performance at the hospital, volunteers helped patients get there.

Volunteers served as "victims" in two disaster drills. Required by law, the drills provide important training for hospital personnel.

One volunteer, a retired social worker, works with the Early Childhood Direction Center, assisting parents and professionals to locate evaluation services for preschool children with special needs. Volunteers served as a hospitality committee for the second regional conference on women in medicine, held at the medical center last year. One volunteer researched and wrote a report on the conference.

A volunteer conducted a tour of high school students through five hospital areas at the request of the Board of Education's high school-college continuum plan. The tour was so successful that we have been asked to repeat it with other groups.

Volunteers helped make the hospital's children's art show a success.

The participation of volunteers was in large part responsible for profitable book sales by the patients library and CUMC's Wood Library.

Many high school and college students gave their time to the hospital as volunteers. All told, more than 7400 hours were contributed by 133 of these young people, for an average of about 60 hours per student. To these fine youngsters and to our hundreds of dedicated adult volunteers, we offer our heartfelt gratitude.

Respectfully submitted,

Louise W. Floeckher

Louise Floeckher

DEVELOPMENT REPORT

The New York Hospital-Cornell Medical Center's Third Century Program concluded in June 1981. A total of $93,585,502 was raised over five years. This is one of the largest amounts ever raised in an academic-medical-center campaign. Gifts and pledges came from thousands of individuals, foundations and corporations. Over $60,000,000 of the total pledged is in hand and has been put to work strengthening and enhancing patient care, teaching and research at the medical center. We are grateful to all who gave.

A center-wide development executive committee, chaired by Mr. Robert Hatfield, was formed late in the summer to set guidelines and goals for future fundraising. The other members of this committee are Mr. C. Payson Coleman, Mr. Frank Markoe, Jr., Dr. Thomas H. Meikle, Jr., Mr. Jansen Noyes, Jr., Dr. David D. Thompson, Mr. Stephen H. Weiss, and myself. Mr. Noyes and I will co-chair a new capital drive, details of which will be announced as firm plans develop. Subcommittees being formed include a senior advisory group and groups on corporate giving (chaired by Mr. Hatfield), annual giving, and major gifts.

Fundraising by clinical department began in 1981. For example, a staff development officer was assigned to a pediatric development committee, a basic-sciences committee, and the department of psychiatry.

The pediatric development committee has received gifts and pledges of $2,900,000. The committee is determined to continue generating big gifts for faculty, renovation, and new programs toward a goal of $30,000,000.

A highlight of 1981 was a pledge of $1,000,000 from an anonymous donor to the department of obstetrics and gynecology. This gift will be used for much-needed renovation of facilities and new equipment in the Lying-In Hospital.

The medical center received impressive support from foundations during 1981. The W. K. Kellogg Foundation made two grants totaling nearly $800,000. One grant is for the study of methods to improve decisions about the care of long-term patients, and the other is to establish an educational cost-containment program. The departments of public health and medicine both participate.

Other large grants totaling $1,982,160 were received from the following foundations:

Albert C. Bostwick Foundation—for the New York Hospital.

Children's Blood Foundation—for the New York Hospital's department of pediatrics.

John A. Hartford Foundation, Inc.—for Cornell University Medical College.

Robert Wood Johnson Foundation, Inc.—for Cornell University Medical College.

Harold F. Johnson Foundation—for the New York Hospital.

Joseph and Valeria Langeloth Foundation—for the New York Hospital.

Pew Memorial Trust—to Cornell University Medical College for equipment needs for the Demonstration Teaching in Chronic Disease Management Project.

Rockefeller Brothers Fund—to the medical college for its joint M.D.-Ph.D. program with Rockefeller University.

Sinsheimer Foundation—for Cornell University Medical College.

Surdna Foundation—to the medical college for scholarship endowment.

Sylvan League Juniors—for the Rogosin Kidney Center.

Whitehall Foundation—for Cornell University Medical College.

Marie and John Zimmerman Fund, Inc.—to the medical college for financial aid to female students.

Major gifts by individuals included one of $100,000 from Mrs. Elsie Woodward to be used by the department of ophthalmology, and a pledge of $100,000 to the department of pediatrics' intensive-care unit by Mr. Samuel A. Seaver.

The medical college, as

Dean Thomas H. Meikle, Jr., of Cornell University Medical College, teaching neuroanatomy. A major campaign undertaken last year seeks to raise $25,000,000 for the medical center's basic-science departments.

previously mentioned, has begun fundraising for the basic-science departments. The overall goal is $25,000,000. The J. N. Pew, Jr. Charitable Trust made a grant of $2,500,000 for the construction of a 10-story research building. This will provide essential space for the basic-science departments and new research facilities for pharmacology and toxicology, pathology, biochemistry, physiology, and biophysics. Other generous donors to the basic sciences were Mrs. John L. Loeb, Mr. Stephen H. Weiss, Mr. Robert J. McDonald, and Mr. Harvey E. Sampson. Their gifts totaled $1,250,000.

Grants totaling $850,000 were pledged by the Norman and Rosita Winston Foundation, Inc., and the Charles H. Revson Foundation to Cornell University Medical College for a postdoctoral program in biomedical research.

Annual giving for the hospital reached $3,035,893 from 10,131 donors. Both unrestricted and restricted gifts showed gains, the former increasing by 33 percent to $1,297,106 and the latter up 38 percent to $1,738,787.

A total of $3,010,465 in bequests and deferred gifts was contributed to the medical center. These included $680,790 in legacies for the New York Hospital and $2,329,675 for Cornell University Medical College. In addition, the hospital and college together reported more than $1,200,000 in new documented bequests and deferred-gift commitments.

Visitors Day, initiated by Dr. Fred Plum in 1979, was held twice during the year. Thanks to the extraordinary efforts of Dr. Plum, his co-chairman, Mrs. C. Payson Coleman, and an enthusiastic committee, record numbers of guests heard presentations by the director of the hospital, the dean of the medical college, and distinguished members of the professional staff. Tours of the medical center and a reception followed. In November, under the chairmanship of Cornell University Trustee Nelson Schaenen, a similar program was presented for the first time for more than 200 parents of medical students. We are planning to continue Visitors Day and to make Parents Day an annual event.

In the summer of 1981, Mr. Frank Markoe, Jr., was appointed to a new position at the medical center, that of executive director for development and public affairs. Mr. Markoe brings to New York Hospital-Cornell 25 years of executive experience with the Warner-Lambert Company, most recently as vice-chairman of the board.

We are deeply grateful to all those who gave to our medical center, many of whose names are listed on the following pages. They have demonstrated their concern for medicine's future and their faith in our institution.

All of us involved in fundraising for the center join in thanks to the board of governors, our Cornell University colleagues, and the hundreds of others—professional and volunteer—who gave their time, talents, and resources so generously this past year.

Respectfully submitted,

Eleanor T. Elliott

Eleanor T. Elliott
Vice-President

DONORS TO THE SOCIETY OF THE NEW YORK HOSPITAL

(SUMS OF $500 OR MORE)

Space does not permit us to name the several thousand contributors who generously support the hospital. The following list includes those who have given $500 or more during the year—but our appreciation extends to all who have given.

We also acknowledge, with grateful thanks, the many others who have enhanced the welfare of this great medical center through their contributions to Cornell University Medical College.

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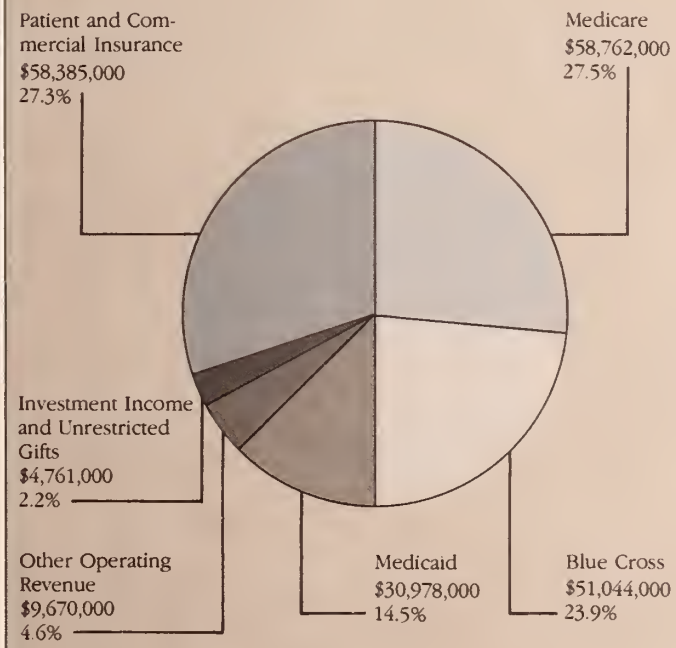
FINANCIAL REPORT

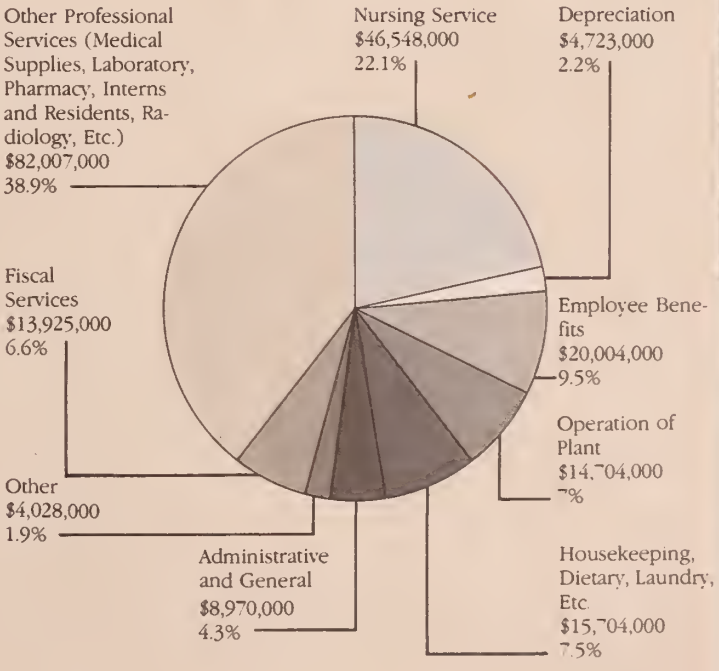
The Society of the New York Hospital Statements of Revenues and Expenses
For the Years ended December 31, 1981 and 1980

	1981	*1980*
Operating Revenues:		
We received from patients and their insurers	199,169,566	$182,389,681
Other operating revenue amounted to	5,635,532	5,221,703
Specific purposes funds were used to support current operations in the amount of	4,034,477	3,423,727
So the total operating revenue was	208,839,575	191,035,111
Operating Expenses:		
We paid-		
For salaries, wages and benefits	143,794,164	130,611,617
For medical and surgical supplies, pharmaceuticals and other expenses	66,818,690	62,973,673
Or a total of	210,612,854	193,585,290
Therefore we had an operating deficit of	(1,773,279)	(2,550,179)
Non-operating Revenue:		
We received-		
Income from investments	2,475,235	2,515,747
Unrestricted gifts and donations from our many thousands of friends	2,285,648	2,124,525
Or a total of	4,760,883	4,640,272
Leaving a balance for required equipment replacement, building renovation, new services, new hospital expenses, etc., of	2,987,604	$ 2,090,093

Revenues



Expenses



This financial report was condensed from the Hospital's audited financial statements. The complete audited financial statements are available upon request.

STATISTICS

Services to Patients	1981	1980
Microbiology	185,291	184,827
Basal Metabolism	324	320
Blood Bank	180,358	159,947
Clinical Chemistry	1,194,150	1,288,387
Clinical Hematology	685,391	661,794
Cytology	30,196	31,835
Radioisotopes Services	33,678	30,875
Surgical Pathology	24,271	37,780
X-Ray Examinations	132,980	140,693
Operations	19,876	20,398
Deliveries	3,572	3,564
Electrocardiograms	63,164	59,428
Electroencephalograms	3,389	2,992
Social Service Interviews	227,716	218,483
Physical Therapy Treatments	64,398	65,525
Transfusions	29,806	28,332
Pharmacy Prescriptions	1,096,445	1,134,380
Record Room-New Case Records	56,362	56,366
Occupational Therapy Treat.	58,209	55,637
Recreational Therapy-Pediatrics	137,251	136,157

Training Program	1981	1980
House Staff	335	256
Health-related Fields:		
X-ray Technician Students	41	37
Dental Hygienist Students	6	6
Dietetic Interns	21	21
Physical Therapist Students	14	24
Medical Social Work Students	3	3
Total	420	347
Payne Whitney Psychiatric Clinic— House Staff	47	55
Westchester Division— House Staff	45	47
Affiliated Undergraduates	41	43
Total	553	492

Distribution of Beds	Number of Beds—	1981
Private		
Baker—Medicine	80	
Baker—Surgery	44	
Obstetrics and Gynecology	29	
Pediatrics	5	
Total Private		158
Semi-Private		
Medical/Surgical	462	
Two-Bed Baker—Medicine	51	
Two-Bed Baker—Surgery	25	
Urology	61	
Obstetrics and Gynecology	124	
Pediatrics	107	
Total Semi-Private		830
Sub-Total Main Hospital		988
Newborn Bassinets		44
Payne Whitney Clinic		108
Total New York Hospital		1,140
The New York Hospital— Westchester Division		322
Grand Total		1,462

Patient Care	1981	1980
Patients Admitted		
Main Hospital	34,595	36,144
Newborn	3,585	3,564
Payne Whitney Psychiatric Clinic	1,035	1,193
The New York Hospital— Westchester Division	1,153	1,164
Total	40,368	42,065
Patient Days, All Divisions Including Newborn	464,291	472,134
Day Hospital Treatments		
Payne Whitney Psychiatric Clinic	1,675	4,548
Westchester Division	10,515	9,869
Visits to Out-Patient Clinics	213,627	225,459
Visits to Emergency Pavilion	47,614	51,184

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George C. Ellis, M.D.
Jay A. Erlebacher, M.D.
George A. Falk, M.D.
Kenyon B. Field, M.D.
Jeffrey David Fisher, M.D.
Claude E. Forkner, Jr., M.D.
John E. Franklin, Jr., M.D.
Robert C. Garrett, M.D.
Allan Gibofsky, M.D.
Joel S. Gitlin, M.D.
Harvey L. Goldberg, M.D.
Bruce R. Gordon, M.D.
Barry J. Hartman, M.D.
Janet K. Hayes, M.D.
Joseph G. Hayes, M.D.
Barton Inkeles, M.D.
Robert D. Inman, M.D.
Charles I. Jarowski, M.D.
Lois G. Jovanovic, M.D.
LeMoyne C. Kelly, M.D.
Robert P. Kimberly, M.D.
Ludwig Klein, M.D.
Paul D. Kligfield, M.D.
Barry J. Klyde, M.D.
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Daniel M. Libby, M.D.
Jorge Lopez-Ovejero, M.D.
Steven K. Magid, M.D.
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Stephen J. Marks, M.D.
Henry Masur, M.D.
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Jeffrey W. Moses, M.D.
Henry W. Murray, M.D.
Jerry Nagler, M.D.
Deena J. Nelson, M.D.
John P. Nicholson, M.D.
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Stephen A. Paget, M.D.
Benjamin B. Park, M.D.
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Martin R. Post, M.D.
Aurelia Potor, M.D.
Gene D. Resnick, M.D.
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Marcos Rivelis, M.D.
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Albert M. Ross, M.D.
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Lawrence Scharer, M.D.
Michael J. Schmerin, M.D.
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Carol Shapiro, M.D.
Gillian M. Shepherd, M.D.
Gerald M. Silverman, M.D.
Charles Smithen, M.D.
Alan G. Snart, M.D.
Meyer N. Solny, M.D.
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Richard Stern, M.D.
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Georgette N. Aprile, M.D.
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Ann C. Hill, M.D.

Jules Hirsch, M.D.
Esther Ho-Kung, M.D.
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Harvey H. Jay, M.D.
Thomas P. Jernigan, M.D.
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Morton J. Kleiner, M.D.
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Mary Kathryn Pierri, M.D.
Johanna Pindyck, M.D.
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John S. Rodman, M.D.
John F. Romano, M.D.
Paul Samuel, M.D.
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Benson H. Shalette, M.D.
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Mallory Stephens, M.D.
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Ida M. Tiongco, M.D.
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Hendricks H. Whitman, III, M.D.
Stanley S. Yormak, M.D.
David A. Zackson, M.D.

PROFESSIONAL-ASSOCIATE STAFF

Professional Associates (Podiatrists)

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Cordia Beverley, M.D.
George Bolen, M.D.
Ashok Chaddah, M.D.
Margaret K. Crow, M.D.
Angelo Di Paolo, M.D.
Brad M. Dworkin, M.D.
Hector Estepan, M.D.
Ann O.S. Fels, M.D.
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Steven M. Kaner, M.D.
William A. Kaye, M.D.
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Jeffrey J. Kutscher, M.D.
Jeffrey C. Laurence, M.D.
Lawrence Lit-King Leung, M.D.
Margaret Lewin, M.D.
Linda A. Linday, M.D.
Hans H. Liu, M.D.
Elizabeth Mary Lutas, M.D.
C. Ronald MacKenzie, M.D.
Martin Markowitz, M.D.
Mitchell B. Max, M.D.
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Ilene J. Miller, M.D.
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Thomas W. Nash, M.D.
Francis H. Oliver, D.O.
Martin Perlin, M.D.
Paul L. Phillips, M.D.
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Robert A. Rosenberg, M.D.
M. Elizabeth Ross, M.D.
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Phyllis A. Taufield, M.D.
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James Wallis, M.D.
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Steven J. Weisholtz, M.D.
Burt Yankiver, M.D.

GRADUATE STAFF

Assistant Physicians

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Michelle Z. Block, M.D.
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D. Barry Boyd, M.D.
William J. Burtis, M.D.
Andrew B. Covit, M.D.
Robert E. Cunnion, M.D.
Robert L. Danner, M.D.
Jack A. DeHovitz, M.D.
Ethan Dmitrovsky, M.D.
Margaret A. Dziezanowski, M.D.
Orli R. Etingin, M.D.
Paul L. Fine, M.D.
Richard A. Furie, M.D.
Laurie A. Gordon, M.D.
Alice B. Gottlieb, M.D.
William R. Griffo, M.D.
Harvey Guttmann, M.D.
Catherine C. Hart, M.D.
Catherine C. Hawkins, M.D.
Martin A. Hirsch, M.D.
James P. Hollenberg, M.D.
Elliot Israel, M.D.
Jonathan Jacobs, M.D.
Christy E. Joyce, M.D.
Robert D. Kaplan, M.D.
Robert F. Klein, M.D.
Jeffrey Kocher, M.D.
Harriet O. Kotsoris, M.D.
Joseph A. Kovacs, M.D.
Spencer H. Kubo, M.D.
Wai Hung Lee, M.D.
E. Steven Lenger, M.D.
Ellen M. Mellow, M.D.
Richard H. Moseley, M.D.
Frederick P. Ognibene, M.D.
Peter M. Okin, M.D.
Catherine M. Otto, M.D.
Herman W. Pettiford, M.D.
Xavier E. Prida, M.D.
Marilyn A. Prince, M.D.
Stanley D. Reed, M.D.
Patricia M. Romano, M.D.
Gary L. Schaer, M.D.
Jeffrey A. Schmierer, M.D.
Melissa P. Schori, M.D.
Shonni J. Silverberg, M.D.
Roy L. Silverstein, M.D.
Audrey Stern, M.D.
Mark Young Stoeckle, M.D.
Tony W. Y. Tow, M.D.
Paul B. Watkins, M.D.
Steven W. Werns, M.D.

Assistant Physicians (Dermatology)

Bernadette Beyda, M.D.
Steven H. Blobstein, M.D.
Moses D. Elam, M.D.
Helen S. Flamenbaum, M.D.
Alissa B. Fox, M.D.
Anthony C. Parris, M.D.
Neil S. Sadick, M.D.
Harold Weiss, M.D.

Interns

Alison A. Bender, M.D.
James A. Blake, M.D.
Gilbert A. Block, M.D.
Jon D. Blumenfeld, M.D.
Jay C. Buckey, M.D.
Martin F. Carr, Jr., M.D.
Howard C. Charles, M.D.
Robert B. Cooper, M.D.
Jeffrey N. Farber, M.D.
Jonathan K. Fears, M.D.
Robert J. Friedlander, Jr., M.D.
Steven J. Golombek, M.D.
Scott H. Greenstein, M.D.
Harry L. Gruenspan, M.D.
Solomon I. Hamburg, M.D.
Alan L. Hillman, M.D.
Daniel A. Leonard, M.D.
Stephen J. Margulis, M.D.
Rosemarie F. Marks, M.D.
Mark R. Milner, M.D.
Howard I. Rutman, M.D.
Daniel W. Sawyer, M.D.
Frederic L. Sax, M.D.
David H. Schaer, M.D.
Mark Shparber, M.D.
Howard R. Sonderling, M.D.
Charles L.H. Staub, M.D.
Ethan A. Tarasov, M.D.
Douglas J. Ward, M.D.
Stuart M. Weisman, M.D.
Stephen M. Winter, M.D.

Neurology

MEDICAL STAFF

Neurologist-in-Chief

Fred Plum, M.D.

Attending Neurologists

H. Richard Beresford, M.D.
Ira B. Black, M.D.
John P. Blass, M.D.
John J. Caronna, M.D.
Fletcher H. McDowell, M.D.
Jerome B. Posner, M.D.
Donald J. Reis, M.D.
William R. Shapiro, M.D.

Associate Attending Neurologists

Raymond H. Coll, M.D.
Kathleen M. Foley, M.D.
Thomas C. Guthrie, M.D.
Mark S. Horwich, M.D.
Gerald H. Klingon, M.D.
Henn Kutt, M.D.
David E. Levy, M.D.
Hart deC. Peterson, M.D.
Frank Petito, M.D.

Richard W. Price, M.D.
David A. Rottenberg, M.D.
Gail E. Solomon, M.D.
Peter Tsairis, M.D.
Robert C. Vannucci, M.D.
Philip H. Zweifach, M.D.

Assistant Attending Neurologists

Jeffrey C. Allen, M.D.
J. Gregory Cairncross, M.D.
John A. Kessler, M.D.
Gavril W. Pasternak, M.D.
William A. Pulsinelli, M.D.
Donald G. Rawlinson, M.D.
John A. Schaefer, M.D.
William T. Talman, M.D.
Lewis Travis, M.D.
Bruce T. Volpe, M.D.
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Richard Payne, M.D.
Samuel Rapoport, M.D.

Assistant Neurologists

Mindy L. Aisen, M.D.
Laurie L. Barclay, M.D.
Jesse M. Cedarbaum, M.D.
Michelle E. Ehrlich, M.D.
Michael Jacewicz, M.D.
James L. Salzer, M.D.
Leonard S. Schleifer, M.D.
David M. Simpson, M.D.
William D. Snider, M.D.
Jonathan Victor, M.D.

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Thomas N. Byrne, Jr., M.D.
Kurt A. Jaeckle, M.D.
Mark H. Lazar, M.D.
Sol N. Mora, M.D.
Ruth D. Nass, M.D.
Lisa R. Rogers, D.O.
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Obstetrics and Gynecology

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Attending Obstetricians & Gynecologists

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Stanley J. Birnbaum, M.D.
Myron I. Buchman, M.D.
E. William Davis, Jr., M.D.
Fritz Fuchs, M.D.
William P. Given, M.D.
Edward A. Graber, M.D.
Arthur V. Greeley, M.D.
Graham G. Hawks, M.D.
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Elmer E. Kramer, M.D.
Robert Landesman, M.D.
John L. Lewis, Jr., M.D.
Joseph N. Nathanson, M.D.
Richard A. Ruskin, M.D.
Samuel F. Ryan, M.D.
William J. Sweeney III, M.D.

Associate Attending Obstetricians & Gynecologists

Alfred Brockunier, Jr., M.D.
Ronald M. Caplan, M.D.
Lars L. Cederqvist, M.D.
John T. Cole, M.D.
Jerome G. Davis, M.D.
Frederick W. Martens, M.D.
Bernard N. Nathanson, M.D.
Melville A. Platt, M.D.
Desider J. Rothe, M.D.
Frederick Silverman, M.D.
E. Thomas Steadman, M.D.
Robert E. Wieche, M.D.

Associate Attending Psychiatrist

John M. Astrachan, M.D.

Assistant Attending Obstetricians & Gynecologists

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Naef K. Basile, M.D.
Alan S. Berkeley, M.D.
Jerome H. Brander, M.D.
Carol B. Braun, M.D.
Patricia Conrad, M.D.
Richard J. Derman, M.D.
Maurice L. Druzin, M.D.
Vincent du Vigneaud, Jr., M.D.
George B. Feldman, M.D.
Joseph Finkelstein, M.D.
Wilma Gladstone, M.D.
Enayat Hakim-Elahi, M.D.
Marcia A. Harris, M.D.
Andre Heltai, M.D.
Edward I. Jacobson, M.D.
David F. James, M.D.
Radoslav Jovanovic, M.D.
Robert E. Kaye, M.D.
Woo Shin Kim, M.D.
Louis J. Lissak, M.D.
Robert N. Melnick, M.D.
John Paul Micha, M.D.
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Gideon G. Panter, M.D.
Joseph I. Paris, M.D.
Reginald T. Puckett, M.D.
Zoltan I. Saary, M.D.
Kathryn A. Schrotenboer, M.D.
Ida Ellen Schwab, M.D.
Mona M. Shangold, M.D.
Daniel Humphreys Smith, M.D.
Michael J. Strongin, M.D.
Fouad Surur, M.D.
Attila Toth, M.D.
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William D. Walden, M.D.
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GRADUATE STAFF

Obstetricians & Gynecologists

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Armand Friedel, M.D.
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Susie E. Kelly, M.D.
Alan A. Kessler, M.D.
Katherine LaGuardia, M.D.
Enid L. Leikin, M.D.
Steven H. Lewis, M.D.
Amen Ness, M.D.
Anita Parnes, M.D.
Gerardo San Roman, M.D.
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Nancy M. Waltner, M.D.

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Ophthalmology

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Ophthalmologist-in-Chief

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Attending Ophthalmologists

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Raymond Harrison, M.D.
Frederick A. Jakobiec, M.D.
Herbert M. Katzin, M.D.
Harvey A. Lincoff, M.D.
Alfred E. Mamelok, M.D.
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Thomas D. Cherubini, M.D.
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Laurence Harris, M.D.
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Ira H. Kaufman, M.D.
Peter Laino, M.D.
R. David Sudarsky, M.D.
Suzanne Veronneau, M.D.
Lawrence Yannuzzi, M.D.
Philip H. Zweifach, M.D.

Associate Attending Physician

F. David Kitchin, M.D.

Assistant Attending Ophthalmologists

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Stanley Chang, M.D.
Yale L. Fisher, M.D.
Judith E. Gurland, M.D.
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Yaffa Kahanowicz, M.D.
Mark A. Lieberman, M.D.
Norman B. Medow, M.D.
Richard S. Muchnick, M.D.
Gerard M. Nolan, M.D.
Peter M. Odell, M.D.
David B. Pearce, M.D.
Thomas A. Poole, M.D.
Arnold R. Rabin, M.D.
James Schutz, M.D.
Jesse L. Sigelman, M.D.
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Rene Rodriguez-Sains, M.D.
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Ophthalmologist

Timothy P. Sullivan, M.D.

Assistant Ophthalmologists

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Scott E. Brodie, M.D.
Robert J. Buys, M.D.
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Gail I. Genvert, M.D.
Vincent J. Giovinazzo, M.D.
David H. Haight, M.D.
Donald A. Macdonald, M.D.
Patricia D. Smith, M.D.
James W. Talbot, M.D.

Otorhinolaryngology

MEDICAL STAFF

Otorhinolaryngologist-in-Chief

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John R. Williams, M.D.

Associate Attending Otorhinolaryngologists

W. Shain Schley, M.D.
John H. Seward, M.D.

Assistant Attending Otorhinolaryngologists

Lloyd R. Dropkin, M.D.
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Inocencio C. Kho, M.D.
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Ludwika Kuszewska, M.D.
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Pathology

MEDICAL STAFF

Pathologist-in-Chief

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John W. Dougherty, M.D.
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Adolfo Firpo, M.D.
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Mary E. King, M.D.
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Clinical Affiliate

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John Chow, M.D.
Richard D. Fernandez, M.D.
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Gregory J. Naus, M.D.
Steven H. Pearlman, M.D.
Powers Peterson, M.D.
Raphael Rubin, M.D.

Interns

Brian K. Chamides, M.D.
Edward F. Di Carlo, M.D.
Mary F. A. C. Di Maio, M.D.
Eric B. Staros, M.D.
Wendy Strongin, M.D.

Clinical Fellow

Mir Javed Iqbal, M.D.

Pediatrics

MEDICAL STAFF

Pediatrician-in-Chief

Maria I. New, M.D.

Attending Pediatricians

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Paul F. DeGara, M.D.
Kathryn H. Ehlers, M.D.
Mary Allen Engle, M.D.
Nathan Epstein, M.D.
John E. Franklin, M.D.
James L. German, III, M.D.
Robert A. Good, M.D.
Robert J. Haggerty, M.D.
Margaret W. Hilgartner, M.D.
Aaron R. Levin, M.D.
Lenore S. Levine, M.D.
Charlotte Lissauer, M.D.
Florence N. Marshall, M.D.
Wallace W. McCrory, M.D.
Denis R. Miller, M.D.
Ursula Muller-Eberhard, M.D.
Alfred L. Scherzer, M.D.
Mervin Silverberg, M.D.
Charlotte T.C. Tan, M.D.

Attending Psychiatrist

Theodore Shapiro, M.D.

Associate Attending Pediatricians

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Benedict S. Caterinicchio, M.D.
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Melvin Rosh, M.D.
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Peter G. Steinherz, M.D.
Robert C. Vannucci, M.D.
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Associate Attending Neurologist

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Assistant Attending Pediatricians

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Psychiatry

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Abbas D. Nahas, M.D.
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Irving Sternschein, M.D.
John J. Stine, M.D.
Diane Lipson Stone, M.D.
Richard T. Suchinsky, M.D.
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Virginia Susman, M.D.
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Sandra Kopit Cohen, M.D.
Maureen Donnelly, M.D.
Carolyn J. Douglas, M.D.
Pamela A. Felder, M.D.
Lawrence G. Fischman, M.D.
Cathy J. Friedman, M.D.
Rohn S. Friedman, M.D.
Minna Fyer, M.D.
Barbara Geliebter, M.D.
Jennifer H. Gunn, M.D.
David J. Hellerstein, M.D.
Lawrence Jacobsberg, M.D.
John Jemerin, M.D.
Kevin V. Kelly, M.D.
Elliot M. Kranzler, M.D.
Phillip Lee, M.D.
Philip Lister, M.D.
Myrl Manley, M.D.
Donna Manning, M.D.
Alan Z.A. Manevitz, M.D.
P. Anne McBride, M.D.
Donna Moreau, M.D.
Sharone Ornstein, M.D.
Samuel L. Pauker, M.D.
H. Jonathan Polan, M.D.
Girard E. Robinson, M.D.
Marie G. Rudden, M.D.
Eslee Samberg, M.D.
Ann W. Schongalla, M.D.
Harold Schwartz, M.D.
Mary Sickles, M.D.
Ladd Spiegel, M.D.
Anne Stockton, M.D.
Clifford A. Taylor, M.D.
Peter Weiden, M.D.
Renee Welner, M.D.
Frank E. Yeomans, M.D.

Assistant Psychiatrists (Child Psychiatry)

Stephanie A. Brandt, M.D.
Karen J. Gilmore, M.D.
Deborah A. Goldfarb, M.D.
Neville B. Lewis, M.D.
Owen Lewis, M.D.
Philip E. Romero, M.D.

GRADUATE STAFF—WESTCHESTER DIVISION

Psychiatrist

Leslie Prusnofsky, M.D.

Clinical Fellow

Howard Silbert, M.D.

Assistant Psychiatrists

Margaret Anderson, M.D.
Henry Berger, M.D.
Alan M. Cohen, M.D.
Thomas M. Collins, M.D.
Lawrence P. Costello, M.D.
Ralph E. Everett, M.D.
Charles S. Gardner, M.D.
Steven E. Gelda, M.D.
Howard E. Gilman, M.D.
Robert M. Greenberg, M.D.
Lynn G. Heckman, M.D.
Glenn S. Hirsch, M.D.
Steven P. James, M.D.
Kathleen R. Johnson, M.D.
Kevin T. Kalikow, M.D.
Matthew Keats, M.D.
Daniel Kerlinsky, M.D.
Suzanne E. Kerney, M.D.
Matthew J. Klein, M.D.
Michael H. Kronig, M.D.
John J. Lucas, Jr., M.D.
Fredrick J. Matzner, M.D.
John G. Mezochow, M.D.
Barbara J. Murray, M.D.
David E. Ness, M.D.
Susan M. Owen, M.D.
William S. Rosenfeld, M.D.
Carl Rosenmann, M.D.
Steven D. Roth, M.D.
Diane Jessica Sacks, M.D.
Cheryl Seaman, M.D.
Robert I. Seaver, M.D.
Timothy B. Sullivan, M.D.
Kevin Turnquist, M.D.
Lawrence C. Turtil, M.D.
Susan Warren, M.D.
Neil Weiser, M.D.
Thomas R. Wikstrom, M.D.

Assistant Psychiatrists (Child Psychiatry)

Ellen F. Flynn, M.D.
Leonard Leven, M.D.
William P. Owen, Jr., M.D.
Shawn E. Russell, M.D.
David H. Sawyer, M.D.
Shubha Sinha, M.D.

Radiology

MEDICAL STAFF

Radiologist-in-Chief

Joseph P. Whalen, M.D.

Attending Radiologists

David V. Becker, M.D.
Florence Chien-Hwa Chu, M.D.
Michael D. F. Deck, M.D.
John A. Evans, M.D.
Robert H. Freiberger, M.D.
Basil S. Hilaris, M.D.
Jae Ho Kim, M.D.
Lourdes Z. Nisce, M.D.
Nathan Poker, M.D.
D. Gordon Potts, M.D.
Thomas A. Sos, M.D.
R. Caird Watson, M.D.
Patricia Winchester, M.D.

Associate Attending Radiologists

Mostafa Ali El Batata, M.D.
Paula W. Brill, M.D.
F. Mitchell Cummins, M.D.
Amy Beth Goldman, M.D.
Antonio Govoni, M.D.
James R. Hurley, M.D.
Jerome G. Jacobstein, M.D.
Herbert G. Kantor, M.D.
Elias Kazam, M.D.
Morton Schneider, M.D.
George Stassa, M.D.
Hind S. Teixidor, M.D.

Assistant Attending Radiologists

Gerald F. Abbott, M.D.
Yong Ho Auh, M.D.
Jon H. Edwards, M.D.
Bernard Ghelman, M.D.
Andrew W. Haraway, Jr., M.D.
Clyde A. Hershan, M.D.
James C. Hirschy, M.D.
Seymour Hopfan, M.D.
Roger A. Hyman, M.D.
Morton Jacobs, M.D.
Richard J. Katz, M.D.
Charles D. Kelley, M.D.
George Krol, M.D.
Benjamin C. P. Lee, M.D.
Samuel A. Lehrman, M.D.
Beryl McCormick, M.D.
L. Daniel Neistadt, M.D.
Dattatreyudu Nori, M.D.
Helene Pavlov, M.D.
Hipolito Poussin-Rosillo, M.D.
William A. Rubenstein, M.D.
Zoltan I. Saary, M.D.
Souheil Saddekni, M.D.
Salil D. Sarkar, M.D.
Robert Schneider, M.D.
Brenda Shank, M.D.
Kenneth W. Sniderman, M.D.
Bhadrasain Vikram, M.D.

Clinical Affiliate

Martin Barandes, M.D.

PROFESSIONAL—ASSOCIATE STAFF

Professional Associate (Physics)

Stephen Balter, Ph.D.

GRADUATE STAFF

Clinical Fellows

Clifford Beinart, M.D.
Enrique M. Bursztyn, M.D.
Ivy A. Engel, M.D.
Amarjit S. Gill, M.D.
Robert C. Hewes, M.D.
Ajit K. Khanuja, M.D.
Gary Novick, M.D.
Leslie A. Saint-Louis, M.D.
Mahadevan Shetty, M.D.
Morris A. Weiner, M.D.

Assistant Radiologists

James S. Bauman, M.D.
Carol Beer, M.D.
Alan Bernstein, M.D.
Paul D. Cayea, M.D.
William F. Coscina, M.D.
Sheila D. Davis, M.D.
Barbara E. Demas, M.D.
Jack Dwosh, M.D.
John Bruce Kneeland, M.D.
Charlynn C. Maniatis, M.D.
Laurence S. Needleman, M.D.
David M. Panicek, M.D.
Sondra J. Pfeffer, M.D.
Alan L. Rosen, M.D.
Scott Sherman, M.D.
Lynne Steinbach, M.D.
Paul M. Stoopack, M.D.
Annette Yacovone, M.D.
Joseph F. Yacovone, M.D.
Jonathan H. Zins, M.D.

Assistant Radiologists (Nuclear Medicine)

Fredy Martinez, M.D.
Paula Montgomery, M.D.

Rehabilitation Medicine

MEDICAL STAFF

Physiatrist-in-Chief

Willibald Nagler, M.D.

Associate Attending Physiatrist

Hermina Z. Benjamin, M.D.
Ronald F. Green, M.D.
Emmanuel Rudd, M.D.

Clinical Affiliate

Anna Kara, M.D.

PROFESSIONAL—ASSOCIATE STAFF

Professional Associate (Podiatry)

Larry B. Price, D.P.M.

GRADUATE STAFF

Assistant Physiatrists

Irina Barkan, M.D.
Michael J. Brien, M.D.
Teofilo C. Cambe, M.D.
Glenn Goldstein, M.D.
Daniel Hamner, Jr., M.D.
Gustavo Ros, M.D.
Irene von Estorff, M.D.

SURGERY

Surgeon-in-Chief

G. Thomas Shires, M.D.

General Surgery

MEDICAL STAFF

Attending Surgeons

William A. Barnes, M.D.
Murray F. Brennan, M.D.
Peter C. Canizaro, M.D.
Jerome J. DeCosse, M.D.
Peter Dineen, M.D.
Hollon W. Farr, M.D.
Frank Glenn, M.D.
Edward I. Goldsmith, M.D.
William R. Grafe, Jr., M.D.
William F. Nickel, M.D.
Malcolm O. Perry, M.D.*
S. Frank Redo, M.D.**
Albert L. Rubin, M.D.
Kurt H. Stenzel, M.D.
Bjorn Thorbjarnarson, M.D.
George E. Wantz, M.D.
John C. Whitsell, II, M.D.

** Attending Surgeon-in-Charge—Vascular Surgery Division*
*** Attending Surgeon-in-Charge—Pediatric Surgery Division*

Associate Attending Surgeons

Jhoong S. Cheigh, M.D.
Robert L. Clarke, M.D.
George N. Cornell, M.D.
Armand F. Cortese, M.D.
Peter M. Guida, M.D.
Vincent F. Marzulli, M.D.
Kevin P. Morrissey, M.D.
Robert R. Riggio, M.D.
Paul A. Skudder, M.D.
William T. Stubenbord, M.D.
John F. Sullivan, M.D.

Assistant Attending Surgeons

John M. Aronian, M.D.
Jacqueline Chami, M.D.
William T. Curry, M.D.
John Mihran Davis, M.D.
Kenyon B. Field, M.D.
Jerome Finkelstein, M.D.
James P. Gaston, M.D.
Bruce R. Leslie, M.D.
Michael R. Madden, M.D.
Carmine J. Mauro, M.D.
Eugene Nowak, M.D.
Stuart D. Saal, M.D.
Michael F. Silane, M.D.
David S. Speer, M.D.
Harry Statman, M.D.
Manikkam Suthanthiran, M.D.
Luis Tapia, M.D.

Clinical Affiliates

Donald G.C. Clark, M.D.
Edgar P. Fleischmann, M.D.
Mark E. Helbraun, M.D.
Morton J. Kleiner, M.D.
Henry Mannix, M.D.
David A. Mayer, M.D.
Earl A. O'Neil, M.D.

GRADUATE STAFF

Clinical Fellows

Steven A. Albert, M.D.
Anthony C. Antonacci, M.D.
Robert H. Barth, M.D.
Ashok Chaddah, M.D.
Matthew C. Frankel, M.D.
William A. Kaye, M.D.
Ilene J. Miller, M.D.
Larry E. Reaves, M.D.
G. Tom Shires, III, M.D.
Phyllis A. Taufield, M.D.
Alan M. Weinstein, M.D.
Burt Yankiver, M.D.

Surgeons

Warren M. Glover, M.D.
B. Thomas Harter, M.D.
William C. Mackey, M.D.
Carolyn E. Reed, M.D.
David Rose, M.D.
Douglas R. Smego, M.D.
Hueldine Webb, M.D.

Assistant Surgeons

Gabriel S. Aldea, M.D.
William A. Anderson, M.D.
Philip S. Barie, M.D.
Michael E. Burt, M.D.
H. Ballentine Carter, M.D.
Alisa Chaklai, M.D.
James L. Clarke, M.D.
William T. Cline, M.D.
Jon R. Cohen, M.D.
Michelle Copeland, M.D.
David Elliot Eisenbud, M.D.
Stephen E. Ettinghausen, M.D.
Thomas L. Facelle, M.D.
Harold I. Genvert, M.D.
Jamshid B.G. Ghajar, M.D.
Jeffrey P. Gold, M.D.
Paul H. Halebian, M.D.
Lloyd Hoffman, M.D.
H. Stephen Hudgens, M.D.
Martin E. Kessler, M.D.
Karen M. Kostroff, M.D.
Kenneth R. Kurz, M.D.
Elaine E. Leastman, M.D.
Marcus H. H. Loo, M.D.
Dougald C. MacGillivray, M.D.
John D. Mannion, M.D.
Michael A. Marano, M.D.
Timothy S. Melester, M.D.
Brent W. Miedema, M.D.
Michael P. Moore, M.D.
Michael J. Olding, M.D.
Albert J. Pfister, M.D.
David L. Rayfield, M.D.
Richard C. Richter, M.D.
Newell Robinson, M.D.
Marc M. Sedwitz, M.D.
Norman A. Shoenfeld, M.D.
Mark L. Silen, M.D.
Angela M. Soto, M.D.
Alan R. Treiman, M.D.
Martin B. Weiss, M.D.
Giles F. Whalen, M.D.
Barry J. Zadeh, M.D.

Cardiothoracic Surgery

MEDICAL STAFF

Attending Surgeon-in-Charge

William A. Gay, Jr., M.D.

Attending Surgeons

Cranston W. Holman, M.D.
George R. Holswade, M.D.

Associate Attending Surgeons

Arthur J. Okinaka, M.D.
Valvanur Subramanian, M.D.

Assistant Attending Surgeons

John C. Alexander, Jr., M.D.
John C. McCabe, M.D.
Paul E. Stelzer, M.D.

GRADUATE STAFF

Thoracic Surgeons

Mark L. Marbey, M.D.
Stuart B. Pett, Jr., M.D.

Assistant Thoracic Surgeons

J. Richard Cunningham, M.D.
Barbara K. Temeck, M.D.

Dental and Oral Surgery

MEDICAL STAFF

Attending Oral Surgeon-in-Charge

Stanley J. Behrman, D.M.D.

Attending Dentist

John J. Putnam, D.D.S.

Associate Attending Dentist (Periodontist)

Seymour M. Koteen, D.D.S.

Associate Attending Dentists (Prosthodontists)

Gerald M. Galvin, D.D.S.
Ivin B. Prince, D.D.S.

Associate Attending Dentists

Lawrence A. Behrman, D.D.S.
Ernest R. Piccaro, D.D.S.

Assistant Attending Oral Surgeons

Thomas M. Darrigan, D.D.S.
Arthur C. Elias, D.M.D.
Jerry L. Halpern, D.D.S.
Andrew Hauser, D.D.S.
Steven J. Tunick, D.M.D.

Assistant Attending Dentist

Steven P. Saltzman, D.D.S.

Assistant Attending Dentists (Endodontists)

Joseph M. Leavitt, D.D.S.
Nelson I. Mendell, D.M.D.

Assistant Attending Dentist (Roentgenologist)

J. Kenneth Schmidt, D.M.D.

Assistant Attending Dentist (TMJ)

Leonard E. Quitt, D.D.S.

Assistant Attending Dentist (Myo-Functional Therapy)

Harvey Miller, D.D.S.

Assistant Attending Dentists (Pedodontists)

David J. Levine, D.D.S.
Jack L. Mitchell, D.D.S.

Assistant Attending Dentists (Orthodontists)

Joseph D. Davis, D.D.S.
Marc S. Lemchen, D.M.D.

Assistant Attending Dentist (Periodontist)

Joseph E. Rowan, D.D.S.

Assistant Attending Dentists (Prosthodontists)

Jason C. Lee, D.D.S.
George W. Sferra, Jr., D.D.S.

Clinical Affiliate (Oral Surgeon)

Joseph J. Zito, D.D.S

Clinical Affiliates (Orthodontists)

Robert M. Cole, D.D.S.
Henry I. Nahoum, D.D.S.
Gregory W. Sanford, D.M.D.

Clinical Affiliate (Dentist)

Louis J. Marino, D.D.S.

GRADUATE STAFF

Oral Surgeon

Robert P. Iovino, D.D.S.

Assistant Oral Surgeon

Peter H. Pruden, D.D.S.

Intern in Oral Surgery

David A. Behrman, D.M.D.

Interns - General Practice Residency Program

Anthony J. DiSanti, D.D.S.
Salvatore J. Durante, D.D.S.

Neurosurgery

MEDICAL STAFF

Attending Surgeon-in-Charge

Russel H. Patterson, Jr., M.D.

Associate Attending Surgeons

Richard A.R. Fraser, M.D.
Joseph H. Galicich, Jr., M.D.

Assistant Attending Surgeons

Francis W. Gamache, Jr., M.D.
Michael H. Lavyne, M.D.

GRADUATE STAFF

Surgeon

Rand M. Voorhies, M.D.

Assistant Surgeons

William O. Bell, M.D.
Stephen D. Johnson, M.D.
Jack P. Rock, M.D.
Pamela M. Zyman, M.D.

Orthopedics

MEDICAL STAFF

Surgeon-in-Chief, The Hospital for Special Surgery

Philip D. Wilson, Jr., M.D.

Attending Surgeons

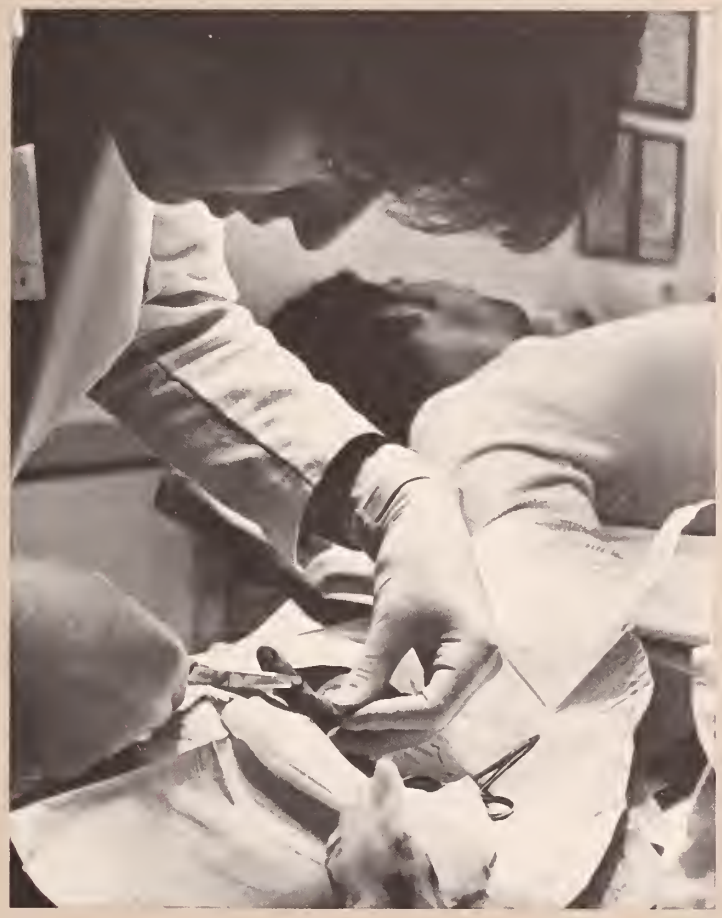
William D. Arnold, M.D.*
Rolla D. Campbell, Jr., M.D.
John H. Doherty, M.D.
Allan E. Inglis, M.D.
John N. Insall, M.D.
Bernard Jacobs, M.D.
David B. Levine, M.D.
Chitranjan S. Ranawat, M.D.
Leon Root, M.D.
L. Ramsey Straub, M.D.

Associate Attending Surgeons

Walther H.O. Bohne, M.D.
Joseph M. Lane, M.D.
John P. Lyden, M.D.
Peter J. Marchisello, M.D.
Ralph C. Marcove, M.D.
Eduardo A. Salvati, M.D.

Assistant Attending Surgeons

Samuel Avnet, M.D.



Richard R. McCormack, M.D.
Jeanne R. Pamilla, M.D.
Paul M. Pellicci, M.D.
Thomas P. Sculco, M.D.
Konstantin P. Velis, M.D.
Russell F. Warren, M.D.

GRADUATE STAFF

Surgeons

Robert E. Atkinson, M.D.
Harry A. Bade, III, M.D.
Alex B. Bodenstab, M.D.
Dirk H. Dugan, M.D.
Laura B. Flawn, M.D.
Daniel P. Hely, M.D.
Shepard R. Hurwitz, M.D.
Peter J. Kaisser, M.D.
Ira B. Kornblatt, M.D.
Paul F. Lachiewicz, M.D.
Bernie L. McCaskill, M.D.
Charles Msika, M.D.
Jack O. Piasecki, M.D.
Daniel S. Rich, M.D.
Howard A. Rose, M.D.
Francesca M. Thompson, M.D.

Assistant Surgeons

Wendall W. Adams, Jr., M.D.
Richard M. Bochner, M.D.
Gordon A. Brody, M.D.
Ernest U. Conrad, III, M.D.
Daniel A. Dethmers, M.D.
William F. Donaldson, III, M.D.
Steven A. Fiamengo, M.D.
Ivan D. Gowan, M.D.
John H. Healey, M.D.
Norman A. Johanson, M.D.
Jerome K. Jones, M.D.
Steven R. McCoy, M.D.
Patrick V. McMahon, M.D.
Robert L. Merkow, M.D.
Thomas J. Nordstrom, M.D.
Cathleen L. Raggio, M.D.
Gary J. Savatsky, M.D.
Robert E. Schwartz, M.D.
Domenick J. Sisto, M.D.
Dennis J. Sullivan, M.D.
Kevin G. Vesey, M.D.
Michael G. Zahn, M.D.

Plastic Surgery

MEDICAL STAFF

Attending Surgeon-in-Charge

Dicran Goulian, Jr., M.D.

Associate Attending Surgeons

Randolph H. Guthrie, Jr., M.D.
James W. Smith, M.D.

Assistant Attending Surgeon

Robert L. Cucin, M.D.
Joseph Feinberg, M.D.
Gerald Imber, M.D.
Kenneth O. Rothaus, M.D.
Robert G. Schwager, M.D.
B. Donald Sklansky, M.D.
Randall Yetman, M.D.

Clinical Affiliates

Danica Kovachev, M.D.
Edward W. Powers, M.D.

GRADUATE STAFF

Surgeons

Vasdev S. Rai, M.D.
John V. Williams, M.D.

Assistant Surgeons

Gary S. Bromley, M.D.
Nguyen Trung, M.D.
Frank A. Veteran, M.D.
Barry Weintraub, M.D.

Urology

MEDICAL STAFF

Attending Surgeon-in-Charge

E. Darracott Vaughan, Jr., M.D.

Attending Surgeons

John W. Draper, M.D.
John G. Keuhnelian, M.D.
Russell W. Lavengood, Jr., M.D.
Victor F. Marshall, M.D.
John H. McGovern, M.D.
Edward C. Muecke, M.D.
Willet F. Whitmore, Jr., M.D.
John J. Williams, M.D.

Associate Attending Surgeons

John W. Coleman, Jr., M.D.
Harry W. Herr, M.D.
David T. Mininberg, M.D.
Jon M. Reckler, M.D.

Assistant Attending Surgeons

John A. Fracchia, M.D.
James P. McCarron, Jr., M.D.
Thomas P. McGovern, M.D.
Piero O. Niceta, M.D.
W. Reid Pitts, Jr., M.D.
Robert A. Riehle, Jr., M.D.
Anthony N. Spinelli, M.D.

Clinical Affiliates

John Byrne, M.D.
Robert S. Waldbaum, M.D.

GRADUATE STAFF

Surgeon

Carl Mills, II, M.D.

Assistant Surgeons

Richard E. Greenberg, M.D.
Arthur R. Israel, M.D.
Brian Saltzman, M.D.
Steven M. Schlossberg, M.D.
R. Ernest Sosa, M.D.
Peter N. Tiffany, M.D.

**Chief, Combined Fracture Service*
The New York Hospital-
The Hospital for Special Surgery

Directors of Laboratories

CLINICAL BIOCHEMISTRY LABORATORIES

Biochemist-in-Chief
Alton Meister, M.D.

CLINICAL BIOCHEMISTRY

Director
Gordon Fairclough, Ph.D.

Assistant Directors
James Cornell, Ph.D.
Jerald Gass, Ph.D.
Edward Schubert, Ph.D.

CLINICAL PATHOLOGY LABORATORIES

Pathologist-in-Chief
John T. Ellis, M.D .

Laboratory Manager
Marvin Tessler, Ph.D.

BLOOD BANK

Director
Carl F. W. Wolf, M.D.

Assistant Director
Aaron Kellner, M.D.

CLINICAL HEMATOLOGY

Director
Carl G. Becker, M.D.

Assistant Director
Babette B Weksler. M.D.

CLINICAL MICROBIOLOGY

Director
Laurence B. Senterfit, Sc.D.

CYTOGENETICS

Director
M. Lita Alonso, M.D.

Assistant Director
Desider J. Rothe, M.D.

CYTOLOGY

Director
Charles A. Santos-Buch, M.D.

Assistant Director
June H Koizumi, M.D.

SURGICAL PATHOLOGY

Director
John T Ellis (Acting)

Associate Director
Janet A. Mouradian, M.D.

Assistant Directors
Mary E. King, M.D.
Elmer E. Kramer, M.D.

CLINICAL LABORATORY DATA PROCESSING

Coordinator
Jerald D. Gass, Ph.D.

CLINICAL DIAGNOSTIC LABORATORIES, DIRECTORS

BASAL METABOLISM

David V. Becker, M.D.

CARDIAC CATHETERIZATION, ADULT

Jeffrey Borer, M.D.

CARDIAC CATHETERIZATION, PEDIATRICS

Aaron R. Levin, M.D.

CARDIAC GRAPHICS, ADULT

Paul B. Kligfield, M.D.

CARDIAC GRAPHICS, PEDIATRICS

Kathryn H. Ehlers, M.D.

ELECTROENCEPHALOGRAPHY

Gail E. Solomon, M.D.

NUCLEAR MEDICINE

David V. Becker, M.D.

PEDIATRIC EXERCISE

Arthur A. Klein, M.D.

PULMONARY FUNCTION

William A. Briscoe, M.D.
James P. Smith, Jr., M.D.

APOTHECARY-IN-CHIEF

Herbert S. Carlin, M.Sc., Pharm.

Division of Nursing

SENIOR ADMINISTRATIVE STAFF

Senior Associate Director for Nursing
Helen Van Shea, M.A., R.N.

Associate Director of Nursing Service
M. Joanna Foster, M.A., R.N.

Assistant Directors of Nursing Service
Christina Haas, M.A., R.N.
Carolyn Wagner, M.A., R.N.

Assistant Director of Nursing Service for Staff Education
Edna L. Danielsen, M.A., R.N.

Director of Psychiatric Nursing Service Payne Whitney Psychiatric Clinic
Kenneth Larson, M.A., R.N.

Executive Assistant Director for Education Programs
Louise S. Hazeltine, M.A., R.N.

Nursing Department Head, School of Continuing Education
Nina Argondizzo, M.A., R.N.

CLINICAL NURSING DEPARTMENT HEADS

Jane D. Curtis, R.N.
Medical Nursing
Christina Haas, M.A., R.N.
Burn and Emergency Nursing Services
Diane Dowell, M.S., R.N
Gladys T. Jones, M.S., R.N.
Operating Room/Recovery Room Nursing
Laura L. Simms, Ed.D., R.N.
Surgical Nursing
Marie D. Strickland, M.Ed., R.N.
Obstetrical/Gynecological and Pediatric Nursing
Carolyn Wagner, M.A., R.N.
Ambulatory Care Nursing

DEATHS

We note with profound sorrow the passing during 1981 of the following members of the professional staff:

Lucien I. Arditi. M.D.
Associate Attending Physician

Helen Holtz, M.D.
Emeritus Staff (Medicine)

D. Rees Jensen, M.D.
Emeritus Staff (Surgery)

Frederic T. Kirkham, Jr., M.D.
Attending Physician

Walsh McDermott, M.D.
Honorary Staff (Medicine)

Werner Nathan, M.D.
Assistant Attending Psychiatrist

Richard E. Perkins, M.D.
Assistant Attending Physician

Sidney Rothbard, M.D.
Honorary Staff (Medicine)

A Gift to The New York Hospital

For the Guidance of Your Attorney

A gift to The New York Hospital gives aid to the ill and the distressed, supports programs which educate doctors for the future, and makes possible research to stamp out disease, helping people today and generations yet unborn.

Gifts may be made in a number of ways, such as by money (check or cash), by securities, by testamentary devise (land) or by intervivos or testamentary trust.

Because The Society of the New York Hospital is a voluntary, non-profit institution contributing to the public welfare, gifts to it by individuals or corporations are exempt from income, gift and inheritance taxes to the extent and in the manner provided by Federal and State laws.

Where a gift of money is to be made by check, it should be made payable to The New York Hospital and mailed to the Secretary of The Society of the New York Hospital at the address given below.

If the donor wishes to make a gift of securities (stock certificate or other instrument of value), instructions concerning their delivery may be obtained from the Secretary.

The suggested terminology for an unrestricted devise or bequest is: "I give, devise and bequeath to The Society of the New York Hospital, a corporation created by Royal Charter granted by King George III in 1771 and located in New York City, New York,... (description of the property) to be used by the Board of Governors for its general corporate purposes."

For a restricted devise or bequest, the suggested terminology is: "I give, devise and bequeath to The Society of the New York Hospital, a corporation created by Royal Charter granted by King George III in 1771 and located in New York City, New York,... (description of the property) to be used for the following purpose(s)..." As a recommended alternative to the restricted devise or bequest, a testator may request the Board of Governors, without directing it to do so, to use such devise or bequest for the purchase or construction of specific capital additions, plant improvements or in support of programs conducted by the Hospital or its Departments. In such case, the devise or bequest will be classified as unrestricted but, subject to discretionary approval of the Board of Governors, will be used to carry out such request. This alternative is preferable to the restricted devise or bequest because it empowers the Board to exercise discretion in dealing with constantly changing priorities and requirements of this large hospital, thereby providing flexibility not present under confining terms of a restricted devise or bequest. When this method is followed, and application of the devise or bequest is left to the Board's discretion, the actual intent of the testator can be better served to the Hospital's advantage than is possible under rigid restrictions.

The New York Hospital encourages gifts without restriction so as to permit greater facility in planning and administering its extensive and complex programs of patient care and medical education.

An Estate Affairs program has been established at the Hospital. The program complements its traditional sources of philanthropic support by offering deferred giving opportunities through Charitable Remainder Trusts that can benefit donors as well as the Hospital.

In the event you would like further information, please consult your attorney or the Office of the Secretary of the Society:

Secretary
The Society of the New York Hospital
525 East 68th Street
New York, N.Y. 10021
(212) 472-5645

525 East 68th Street
New York, New York
10021

THE NEW YORK HOSPITAL – CORNELL MEDICAL CENTER

ANNUAL REPORT/1982

Looking to the

THE NEW YORK HOSPITAL – CORNELL MEDICAL CENTER

ANNUAL REPORT/1982

Leadership Looks to the Future

The Future Starts Now: *Themes from the Center's Long-Range Planning*

For the Record

PHOTOGRAPHY
Chief photographer: Ed Lettau
Other photographs by Impact Photo, Susan Paddor Lukes, Lisa Sheble, The New York Times, and Morris Warman

LEADERSHIP LOOKS TO THE FUTURE

Left to right, Dr. Thomas Meikle, Frank Markoe, Jansen Noyes, Eleanor Elliott, Dr. David Thompson, and Robert Hatfield

REPORT OF THE CHAIRMAN

Since 1792, 21 years after the New York Hospital was chartered by King George III, it has been customary for the hospital to issue an annual report. This year we are joined by our partner of a half century, Cornell University Medical College, in reporting to you. We do this to emphasize the interdependence of the two institutions in our roles of providing medical education, research and patient care of high quality.

As the New York Hospital-Cornell Medical Center, we have joined in establishing a long-range planning system that will point up the future direction of the partnership and make possible the best use of the resources available to us. As a medical center, we have undertaken together a three-year $125 million campaign, the proceeds of which will be used to strengthen programs and modernize facilities essential to the progress of both the college and the hospital.

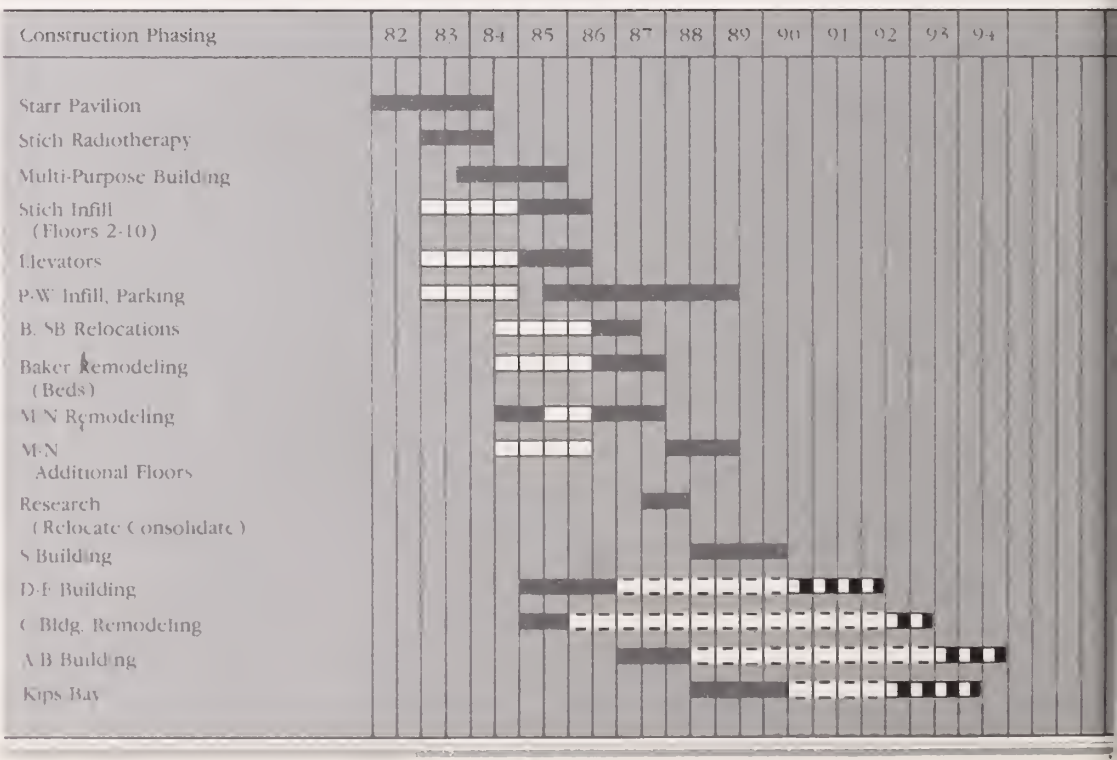
These two projects are imperative to our future. The cost of health care has become inordinate in the face of other legitimate demands on our society. Even though we can be justly proud that our hospital has kept cost increases below the national average, the outlook calls for a high degree of selectivity and sharply identified priorities as we pursue our mission.

To realize our objectives, while adjusting to rapid changes in the delivery of health care, we must have a soundly based long-range planning system. We are encouraged by the development of this system under the capable direction of Dr. David Thompson, in close collaboration with Dr. Thomas Meikle, dean of the medical college, and Dr. Robert Michels, chairman of the steering committee. We are indeed grateful for the assistance of the many members of the faculty and staff—full-time and voluntary alike—who have participated in the process, and to the distinguished members of the advisory panels who have been indispensable to progress.

Financial support from the private sector must be both earned and worked for assiduously and cohesively in an intensely competitive atmosphere. The New York Hospital-Cornell Medical Center is a national resource of medical science. We qualify as such only because of the dedication, knowledge and skills of our talented staff, both those who work and practice here full-time and those private practitioners who contribute so much to our programs. Particularly during this period of constricted public funding, financial support from the private sector will make the difference in our ability to underwrite the programs and facilities that will continue to attract outstanding medical scientists.

Our three-year campaign, co-chaired by Jansen Noyes and Eleanor Elliott, both seasoned campaigners, is ahead of plan and gathering momentum, thanks to their leadership.

As these efforts proceed, some important components of our future are already taking physical shape. On December 15, 1982, we held the topping-



A proposal for phased construction and renovation has emerged from the center's long-range planning process. The approach is modular and flexible: while the ultimate requirements are clear, the construction sequence is variable, with alternate dates provided for some facilities. Construction is planned so that disruption of center activities will be minimal. No additional patient beds are planned.

Approval Process

Construction

Later Construction

off ceremonies of the C.V. Starr Pavilion, which is to be completed in 1984 and will provide the medical center with much-needed space for ambulatory care, diagnostic facilities and more effective support services. Also, in a collaborative program with our neighbor Memorial Sloan-Kettering Cancer Center, we are constructing the Hermine Neustadtl Stich Center, which will improve the quality and quantity of the radiation therapy provided by the two institutions. Both of these important projects are proceeding on schedule and within budget and are not affected by the current moratorium decreed by New York State on health-care capital projects.

It has been a difficult yet productive and gratifying year; also one touched with sadness.

On May 12, Dr. William F. Scherer died. A noted virologist, Dr. Scherer had been chairman of the department of microbiology since 1962.

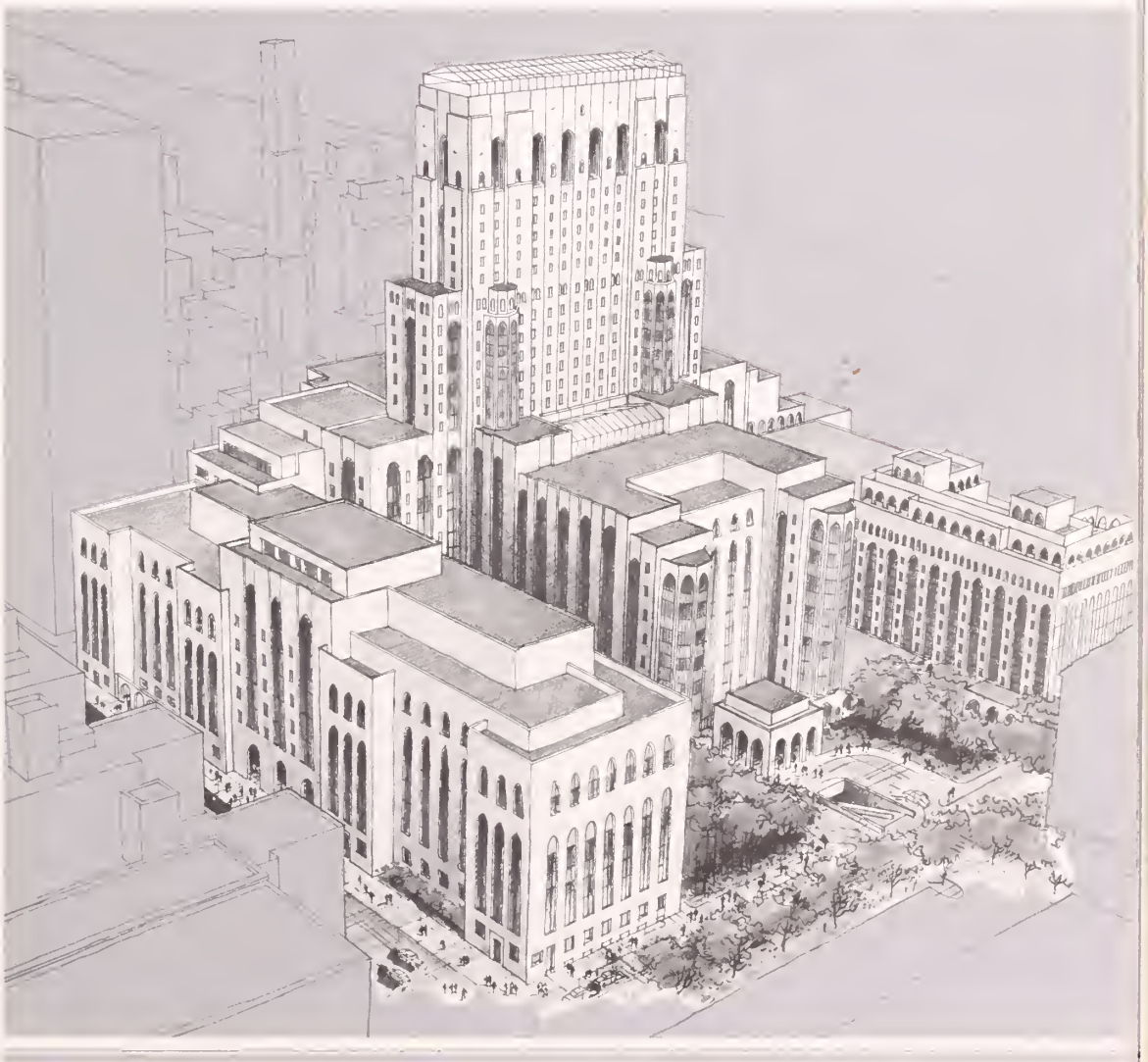
On August 17, Dr. Preston Wade died. Dr. Wade was one of our nation's great surgeons, a pioneer in the fields of trauma and accident prevention. The high esteem in which he was universally held and his talent for diplomacy proved valuable assets for the medical center on many occasions. His memory will long be cherished.

On October 21, C. Payson Coleman, Sr., died. A lawyer, Mr. Coleman was a charter member of the board of overseers of Cornell University Medical College and the Graduate School of Medical Sciences. His wise counsel, generosity and devotion to the medical center will be greatly missed.

On behalf of the members of the governing boards, I express our gratitude to the many people of this medical center whose combined efforts this past year served to carry forward its splendid traditions.

Respectfully submitted,

Robert S. Hatfield



In keeping with the center's status as an architectural landmark, the plan seeks to preserve the essential character of its design. The basic strategy, fostering cost-effectiveness, is to fill in areas between current structures, so that maximum use can be made of existing facilities. The design option seen here hews closely to the existing architecture in both material and form, through the use of bricks and arches. Alternate proposed designs, if adopted, would introduce contemporary forms within the overall structure.

REPORT OF THE DIRECTOR

Faced with rapidly changing events, both external and internal, the joint board of the New York Hospital-Cornell Medical Center commissioned the dean and the director to commence a long-range planning process. The Andrew W. Mellon Foundation generously granted the medical center $500,000 for a two-year period to allow the development of a long-range plan as well as of a planning-process outline that would prove useful to similar institutions. A draft document, reviewed by the faculty and staff governance bodies and the joint board, was submitted to the Mellon Foundation in October.

The planning process at the center has been built on the broadest possible foundation. Faculty and staff from all of the center's 17 departments have participated, along with special task forces and outside advisers. The planning process therefore represents the thinking of a great number of experts from inside and outside the center.

As a result of this broadly based effort, we have a good picture today of where we are and where we collectively would like to go. While important, this does not end long-range planning: what has been established is the foundation for a process that never ends. The work of matching our plans and aspirations to the shifting realities of health care must continue, as must the effort to resolve important issues at the medical center that the planning process has identified. These tasks will be the chief priorities of the center's office of planning, working for the dean and director and the steering committee. Through the executive faculty council, the general faculty council and the medical board, the faculty and staff will continue to have an important impact on the planning process.

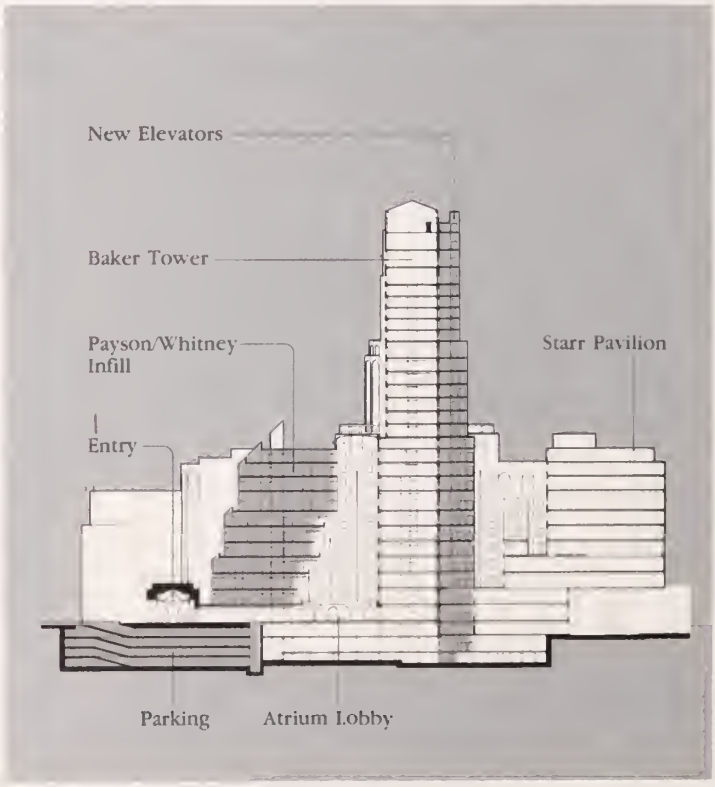
The recommendations in the draft document are being studied by the dean and director to establish institutional priorities. These will be submitted to the joint board early in 1983. In an era of shrinking resources, it is unlikely that we will be able to implement all of the recommendations enumerated in the long-range planning document within the suggested time frame. Some recommendations may be set aside temporarily or permanently. Reductions in the scope of the plan will not change the fundamental mission of the medical center.

Prominent among the shifting realities of the health field are governmental policies and programs.

New federal legislation and regulations seek principally to contain hospital costs, which represent 40 percent of the health-care total and which are rising faster than other health-related costs. A new plan shifts Medicare from retrospective to prospective payment. Hospitals will be paid specifically for the diseases treated, on the basis of a diagnostic classification developed at Yale and used for the past three years in New Jersey.

The purpose of this approach is to pay all hospitals the same amount for the care of a specific illness. Although this is logical and provides inducement for cost containment, the approach suffers from uncertainties about how best to measure the severity of illnesses. Since teaching hospitals care for the most severe cases, requiring the greatest use of resources, recognition of the "severity factor" in reimbursement is critical to the financial well-being of teaching hospitals. At the New York Hospital we plan to work with other institutions in quantifying the "severity factor." We have considerable knowledge of the subject, having done some of the early studies ten years ago.

The payment-by-diagnosis sys-



Proposed new facilities of the center as viewed from the east. New construction will thrust the hospital's entrance forward, and an 11-story atrium will evolve, formed by the Payson/Whitney infill on the south, the present face of the hospital on the north, and the Payson and Whitney wings on the east and west. Additional elevators and underground parking areas will be built, and substantial parts of the hospital's Baker Tower will be renovated.

tem promulgated nationally will not affect hospitals in New York State for three years, the duration of the state's "Medicare waiver." In December 1982 the federal government granted this "Medicare waiver" to New York State as the final part of a new hospital-reimbursement plan initiated by the state legislature. Called New York's Prospective Hospital Reimbursement Methodology (NYPHRM), this plan places all reimbursement of hospitals under control of the state. Although that feature of NYPHRM gave many people great pause, especially those administering hospitals, the advantages of the new system were thought to outweigh the disadvantages. These advantages include three years of one approach, rather than the usual year-to-year change in signals. Also, the new plan will provide more equitable distribution of revenues, specifically helping hospitals that care for many patients lacking insurance and unable to pay their bills.

Adding to the state's control of hospitals, a moratorium on major construction was authorized for the year 1983. This decision to hold up major construction was precipitated by over $2 billion of construction requests, mostly from large teaching hospitals in New York City. The New York Hospital is one of the institutions and has major needs, particularly to modernize its inpatient facilities.

These inpatient facilities were built 50 years ago, when the practice of medicine was considerably different from what it is today. Adjusting to major changes in clinical practice on a piecemeal basis has its limits, and we are very close to reaching them. Reconstruction is vital not only to our continued clinical excellence, but to our ability to provide quality medical care cost-effectively. To take one example, many of our nursing units are small and cramped. Storage is inadequate, and supplies must be brought from a distance. Larger, more commodious units are needed to provide optimal care in an efficient manner.

Our plans for reconstruction do not entail razing any buildings. We do not propose to replace facilities so much as modify them and add to them. This gives us considerable flexibility in implementing the planning process. We do not plan to add any additional beds. Although we frequently have delays in admitting patients because of bed unavailability, modernization will permit more flexible use of beds, reducing the "bed crunch."

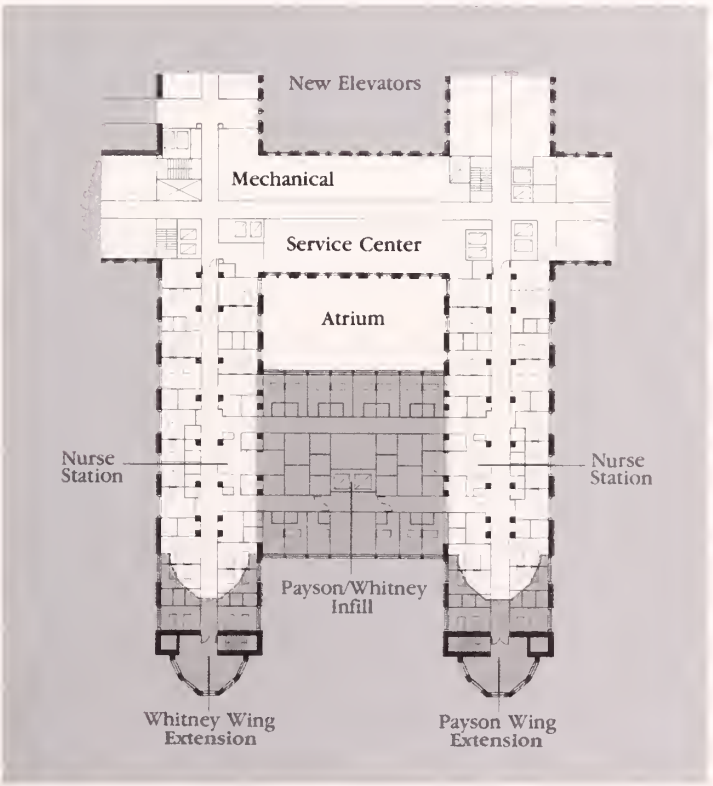
What must be remembered is that these needs have been growing for many years and that our plans have emerged from a lengthy, broad and thorough process of study and reflection. It is because we have taken long-range planning so seriously that we can be confident that our plans will prove fully justified by any definition of cost effectiveness.

Another great source of confidence is our growing program of cooperation with our neighbors on York Avenue—the Hospital for Special Surgery, Memorial Sloan-Kettering Cancer Center, and the Rockefeller University. Perhaps the single most important question in academic medicine in 1983 is how to maintain the extraordinary momentum of the past decades while slowing the rise in health costs. Our nearness to these superb institutions enables us to mount exciting new programs without having to build up entire new departments or divisions within the medical center, and thereby makes our planning process uniquely exciting.

Respectfully submitted,

David D. Thompson

David D. Thompson, M.D.



Typical configuration of the Payson and Whitney wings—the hospital's two main inpatient pavilions—with the proposed infill. Each of the wings will be extended by about 48 feet. Construction and renovation will result in total modernization of patient facilities that date from the construction of the medical center more than 50 years ago.

REPORT OF THE DEAN

For American medical schools, including Cornell University Medical College, 1982 was a year filled with concerns about the future course of medical education and biomedical research. Rarely since the turn of the century, which witnessed both the founding of Cornell Medical College and the establishment of science as the basis of the education of physicians, have so many questions been raised about medical education.

During the past year, medical education has come under intensive scrutiny by both the American Medical Association and the Association of American Medical Colleges; and many medical schools, including Cornell, have been conducting curricular reviews. Critics have found fault not only with who is admitted to medical school but also with what is taught there, how it is taught, and in what settings it is taught.

Complementing these reviews of medical education and perhaps underlying some of the intensity of the criticism was the recent projection by the Graduate Medical Education National Advisory Committee (GMENAC) that the United States will soon have a surplus of physicians. Twenty years ago, when concern about a national shortage of doctors induced Congress to adopt the first of a series of measures to expand education in the health professions, the United States had 87 medical schools matriculating 31,500 medical students. Today, chiefly as a result of governmental initiatives, 127 accredited medical schools enroll more than 66,000 students. As a result, according to GMENAC, by 1990 the United States will have an excess of 70,000 physicians, or 15 percent more than needed, and by the year 2000, this surplus will have grown to 145,000, or 30 percent. Although the accuracy of these predictions is disputed, direct federal aid for medical education has recently been terminated, and New York State is expected to redirect some of its funds that now support private medical education.

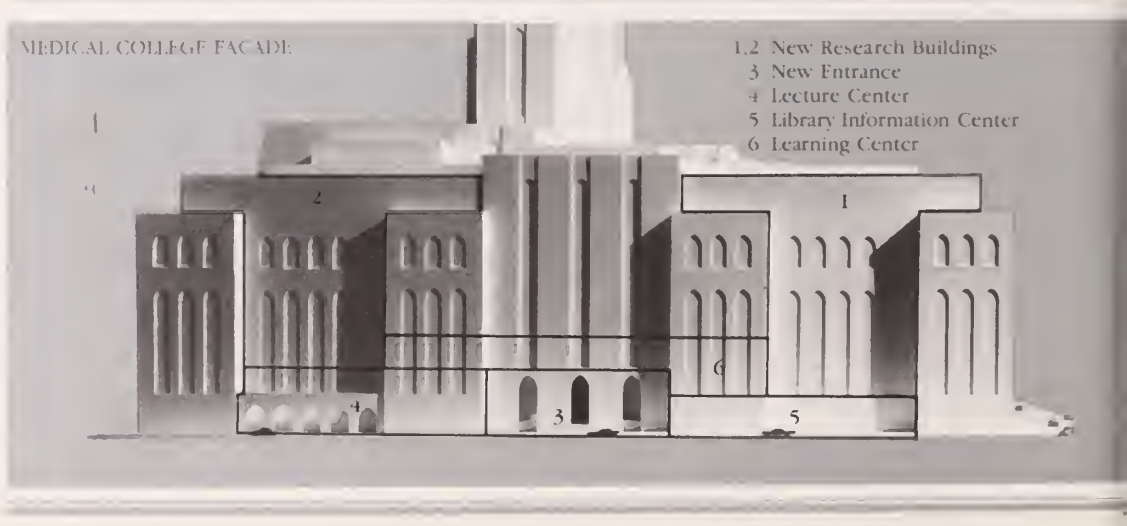
Paralleling the expansion of medical education over the past 20 years has been a great increase in federal support for biomedical research, most of which is conducted in academic medical centers by the faculty of the nation's medical schools. In the past several years, however, federal support has failed to keep pace with the cost of conducting this research. Funds for the facilities and equipment needed to remain current with rapid scientific advances have been curtailed particularly.

Thus, a period of extraordinary growth in federal support for medical education and research seems to have ended, and the pattern of federal support for medical schools has already changed substantially. What will be the consequences of these developments for the educational and research programs at this medical center?

In many important ways, our center is in an excellent position for the future. Because Cornell has always emphasized personalized, small-group instruction, the size of the school has been expanded only minimally and remains optimal for high-quality education.

Our great strengths include a superb location, a dedicated faculty with outstanding educational and research programs, and an attractive student financial-aid plan. As a result, the medical center should be able to continue to attract the best of the nation's medical and graduate students, house staff and faculty and to maintain a commitment to social, racial and economic heterogeneity among its constituent groups.

Even as government expanded its role in medical education and research, Cornell continued to maintain a balance among various sources of support for its programs. At a time of reduced federal funding, this balance stands us in good stead



With the requirements of biomedical investigation changing continually, new research facilities have a high priority in the medical center's plans. Roughly 200,000 square feet of new space have been proposed for the medical college, about two-thirds of which will be devoted to research in the basic and clinical sciences. Other major construction will house instructional rooms, library facilities, and a lecture center.

Our affiliations with other institutions also represent a great strength for the future, not only because of their high quality but also because of their diversity. Although our students are educated primarily at the New York Hospital-Cornell Medical Center, our programs also expose them to another superb tertiary hospital, North Shore University Hospital; to a renowned specialty institution, Burke Rehabilitation Center; to excellent community hospitals such as La Guardia and St. Barnabas; and to that unique group of institutions that are our neighbors at 68th Street and York Avenue—the Hospital for Special Surgery, Memorial Sloan-Kettering Cancer Center, and the Rockefeller University. The uniqueness of these affiliations was recognized when Cornell University Medical College was last surveyed for accreditation in 1978. At that time, the survey team cited our "outstanding affiliated hospitals" and noted that "the breadth and depth of resources for a medical college of its relatively small size is quite remarkable."

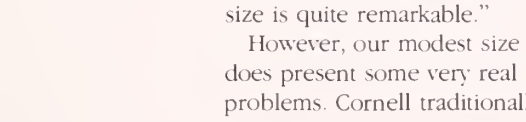
However, our modest size does present some very real problems. Cornell traditionally has been a leader in graduating men and women who enter full-time careers in academic medicine. If we are to continue this role, we must enhance our excellence in biomedical science despite diminished federal support and increased competition for funds. As a relatively small medical school, we have fewer fiscal resources to devote to these programs than most of the institutions with which we compete.

Thus, developing new and expanded sources of support for the medical center's programs in biomedical science has become the major goal of the medical college. Since nothing changes faster these days than the requirements of the biomedical research laboratory, we must renovate and reconstruct facilities that, in many instances, date from the opening of this medical center in 1932. We also need new funds to recruit leading medical scientists to the center and to provide salary and research support for talented young investigators. These new faculty members are vital to the quality of our educational programs for 440 medical and 140 graduate students.

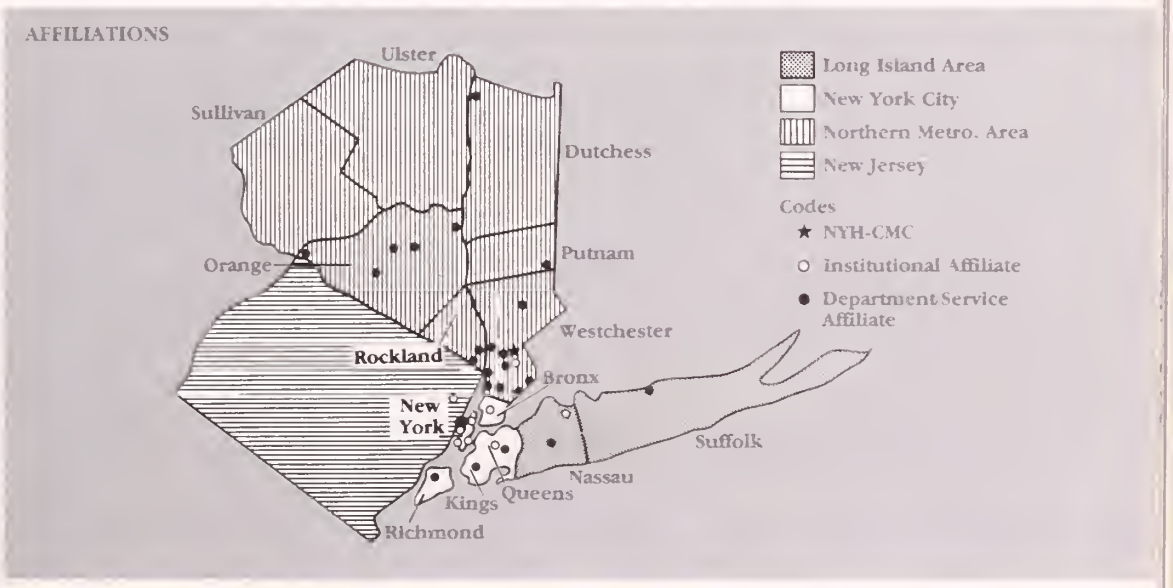
At a time of limited resources, we would be remiss if we overlooked new opportunities for joint efforts with other institutions. Already almost 25 percent of the center's research expenditures involve formal collaboration with investigators from other medical or research centers. With the unique resources available in New York City, we must continue to seek to broaden our collaborative programs, with both affiliated and non-affiliated institutions.

Beginning about a century ago, a period of ferment led to basic changes in medical education in which science assumed the central role in the education of physicians. Today another period of ferment will determine whether the enormous progress in medical practice that science has made possible in this century will continue. At the New York Hospital-Cornell Medical Center we are dedicated to sustaining this progress through reaffirmation of our commitment to biomedical science.

Respectfully submitted,



Thomas H. Meikle, Jr., M.D.



The medical center has extensive affiliations with other institutions. Its closest ties are with its York Avenue neighbors and with several other institutions that are teaching and research affiliates. In addition, many hospitals have agreements with the center that facilitate referral of patients for advanced or specialized care.

DEVELOPMENT REPORT

A new $125,000,000 three-year capital campaign for the New York Hospital-Cornell Medical Center was announced in May. A total of about $50,000,000 in gifts and pledges was received from individuals, corporations, and foundations by March 1983. We are grateful to all those who solicited gifts, especially the medical-center physicians whose help is so important to our fundraising efforts.

Two special volunteer committees produced impressive results in 1982. The pediatric development committee total was $4,846,538 and the psychiatry development committee total was $1,438,456. The basic-sciences development team in the medical college raised $3,221,157.

A number of individuals made splendid pledges in 1982: Anne and Jerome Fisher, Frederick Jambes, Mrs. Samuel P. Reed, John L. Weinberg, Robert J. McDonald, Dr. Louis Fox, Marc Haas, Robert S. Hatfield, Mrs. Gordon Harrower, Robert W. Purcell, and an anonymous donor. Their pledges totalled $3,393,125, of which $1,166,803 is already in hand.

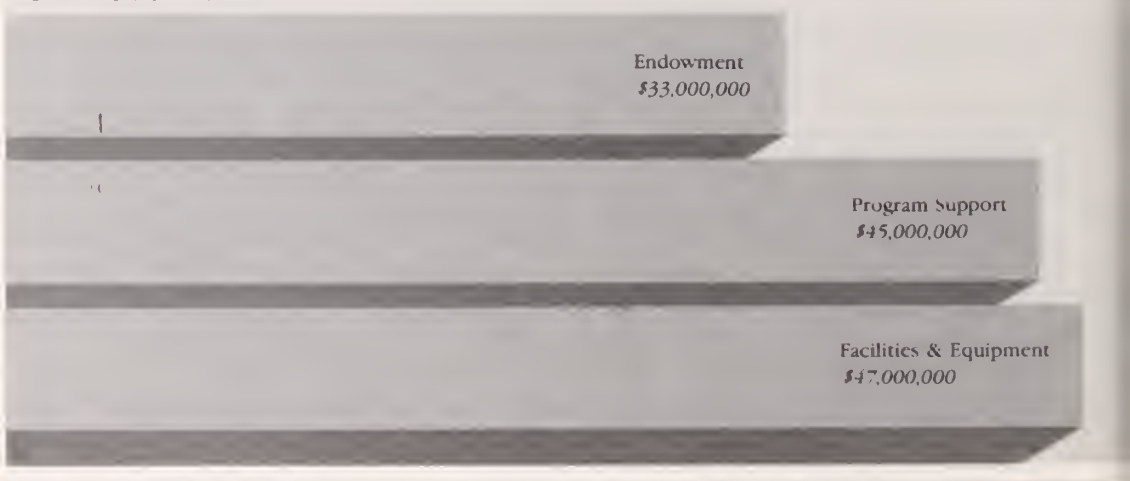
A gift to the New York Hospital-Cornell Medical Center of $1,800,000 from the Estate of Margaret L. Sussman established the Otto Sussman Fund for research in the care and cure of cancer. These funds were made available to the medical center by action of the estate's executors, Arthur H. Dean and Edward S. Miller. The medical center's Payne Whitney Clinic and Westchester Division received a total of $560,000 under the terms of the will of Margaret L. Sussman. In addition to the gift and bequest from the Sussman Estate, a total of $2,978,998 in bequests and deferred gifts was contributed to the medical center. These included $640,374 in legacies for the New York Hospital and $2,338,624 for Cornell University Medical College. Bequests were received from the estates of George Wurzburger, Luella B. Burns, and Nathaniel K. Fairbank. The hospital and medical college together reported more than $1,083,291 in new documented bequests and deferred-gift commitments.

Foundation support in 1982 included an anonymous foundation grant of $1,300,000 for the department of pediatrics intensive-care unit; a gift of $1,250,000 from the Vincent Astor Foundation to establish The Vincent Astor Distinguished Professorship in Medicine; and $550,000 from the Andrew W. Mellon Foundation for support of outstanding young faculty members in biomedical science and for research in hypertension.

Other grants totalling $3,907,725 were received from the following foundations:

Frances Allen Foundation
Barker Welfare Foundation
Bodman Foundation
Children's Blood Foundation, Inc.
Clark Foundation
Commonwealth Fund
Ira W. De Camp Foundation
Dyson Foundation
L. W. Frohlich Charitable Trust
Howard Gilman Foundation
John A. Hartford Foundation
B. H. Homan, Jr. Trust
Robert Wood Johnson Foundation
Henry J. Kaiser Family Foundation
Harold and Juliet Kalikow Foundation
Jacob and Valeria Langeloth Foundation
Richard Lounsbery Foundation
Lane Bryant Malsin Foundation
McKnight Foundation
Abby R. Mauze Charitable Trust
New York Firefighters Burn Center Foundation
William S. Paley Foundation
Rockefeller Brothers Fund

CAMPAIGN GOALS



The campaign seeks to meet three categories of need—for endowment, for program support, and for facilities and equipment. Endowment constitutes the financial foundation of the medical center, enabling it to plan and to give substance to its goals. Program support consists of funds available to help meet current needs, provide start-up resources for new programs, and support junior faculty. Facilities and equipment cover a wide range of requirements, principally in the center's clinical and basic-science departments.

Rockefeller Foundation
Helena Rubinstein Foundation
Alfred P. Sloan Foundation
Thrasher Research Fund
Uris Brothers Foundation
Harry Winston Foundation
Marie and John Zimmermann Fund.

Among corporations that gave to the medical center were: Warner Communications, Inc., Revlon, Bristol-Myers Company, and the Continental Group, Inc., with grants totalling $1,725,000.

Research grants from the private sector totalled $9,069,296 in 1982. This is due primarily to the efforts of the physicians and scientists at the medical college whose excellent reputation for research is all important in gaining these grants.

Annual giving for the medical center reached $4,729,557 from 10,543 donors, up from $3,035,893 contributed by 10,131 donors in 1981. A new annual-giving program, Partners in Medicine, was initiated in the fall for donors of $1,000 or more. Forty-five are now Partners.

Cabaret!, a benefit to celebrate the 50th anniversary of the medical center, was held at the Waldorf-Astoria ballroom in December. The Cabaret! committee, co-chaired by Mrs. Vincent Astor and Walter Wriston, grossed more than $1,100,000 from 1,200 guests. Cabaret! is now planned as a yearly event.

In May, Dr. Fred Plum, neurologist-in-chief and chairman of the department of neurology, chaired his sixth semi-annual Visitors Day. He was succeeded in November by Dr. Robert Michels, psychiatrist-in-chief and chairman of the department of psychiatry.

Thanks to the leadership of these two physicians, their co-chairman, Mrs. C. Payson Coleman, and an enthusiastic committee, both occasions produced a full house to hear presentations of timely medical issues.

In October, under the chairmanship of Cornell University Trustee Nelson Schaenen, Jr., the medical college had its second annual Parents Day. After the program, a reception, organized by parents Marcia Sherlock and Anne Hayworth, was held for more than 500 on the terrace of Lasdon House.

Two new leadership groups began in 1982, the Medical Center Advisory Board and Departmental Associates.

The Medical Center Advisory Board held its first meeting in October under the leadership of its president, James H. Evans. The advisory board is comprised of a limited number of business, community, and professional leaders who serve as informed ambassadors in interpreting the unique nature of the medical center to its various constituencies. The board will serve as the principal advisory group to the top leadership of the medical center. It will bring together those with appropriate expertise to advise on specific vital issues, such as containment of health-care costs.

Departmental Associates, a group chaired by Sanford Ehrenkranz, is composed of individuals with strong interests in the frontiers of research and medical education who have a potential to grow into positions of leadership at the medical center. Departmental Associate groups are planned for basic and clinical departments of the medical college.

We are grateful to the hospital's board of governors, the medical college's board of overseers, medical-center physicians, medical-college alumni, and hundreds of other professionals and volunteers who gave their time, talents, and resources in 1982. All have demonstrated faith in the New York Hospital-Cornell Medical Center and concern for the future of medical education, research, and patient care.

Respectfully submitted,

Eleanor T. Elliott

Eleanor T. Elliott
Governor, The Society of the New York Hospital

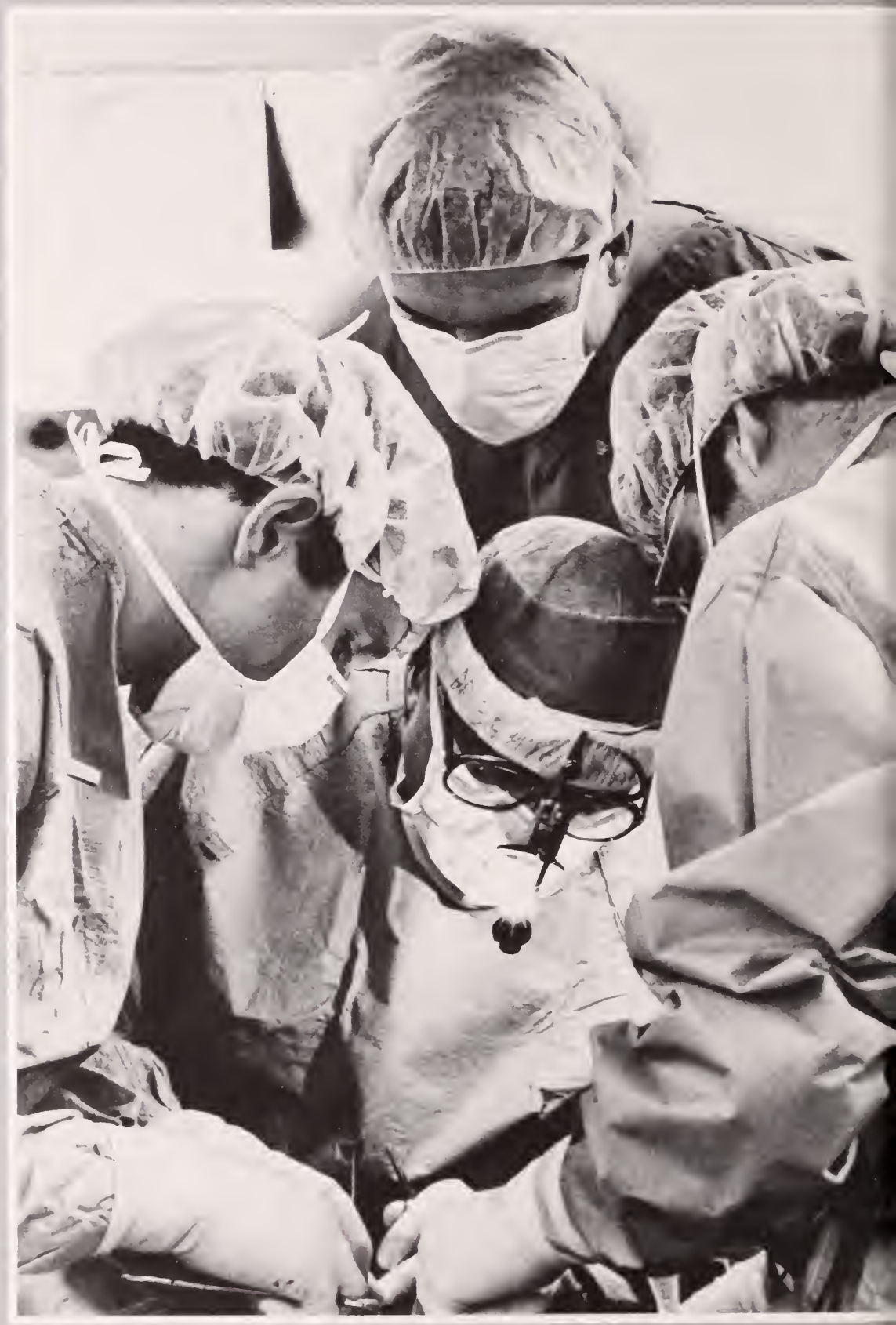
Jansen Noyes, Jr.

Jansen Noyes, Jr.
Overseer, Cornell University Medical College

Frank Markoe, Jr.

Frank Markoe, Jr.
Executive Director, Development and Public Affairs
The New York Hospital-Cornell Medical Center

Announced in May, the three-year campaign has an overall goal of $125,000,000. As of March 1983, some $50,000,000 in gifts and pledges has been received from individuals, corporations, and foundations.



Dr. Stanley Behrman, oral surgeon in-charge, directs one of the more than 400 operations performed by the Facial Architecture Center last year (Story on page 14.)

THE CHALLENGE OF COMPLEXITY

11

The patient, a 75-year-old woman, was in good health until last year, when she was knocked over on the street and broke her wrist. Several months later, she tripped on a stair and fell, fracturing her hip. Although the hip healed well, one month after being discharged from the New York Hospital she was readmitted in weakened condition—listless, febrile, short of breath. Three weeks later her condition has not improved, and extensive testing has not revealed the cause of the problem.

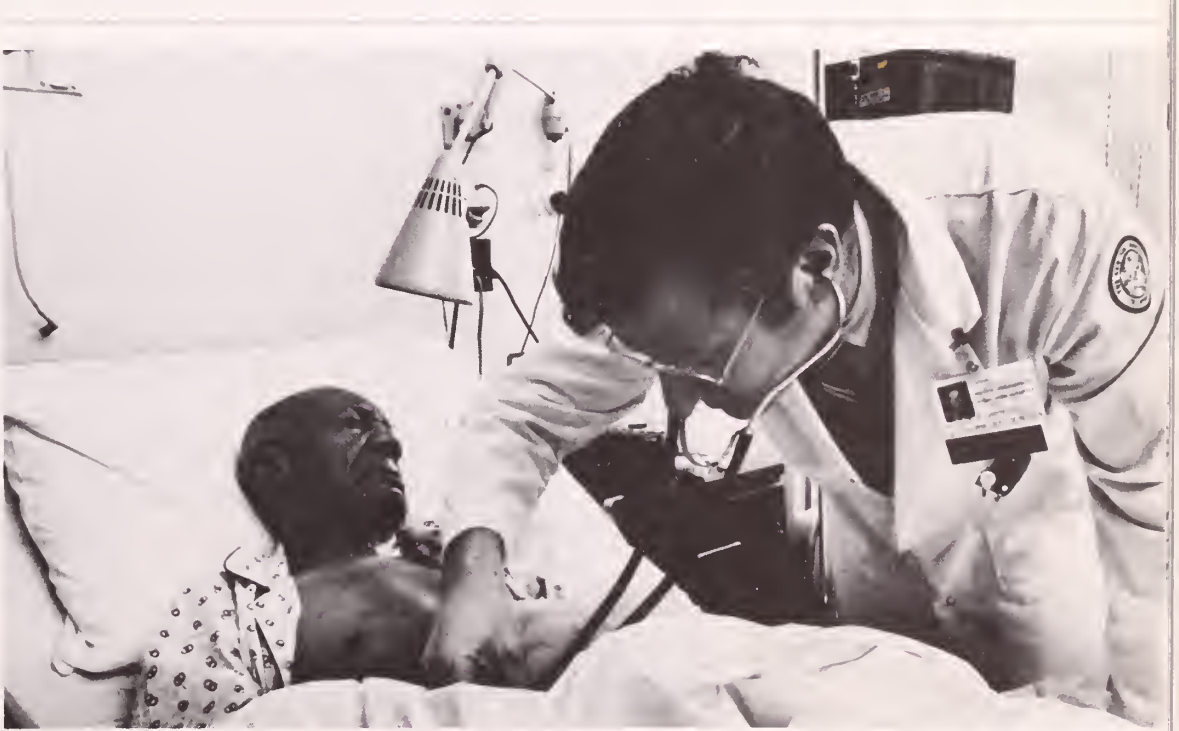
On a Wednesday morning, Dr. R. Gordon Douglas, Jr., physician-in-chief and chairman of the department of medicine of the New York Hospital-Cornell Medical Center, is discussing the case with house staff, medical students and attending physicians who have been involved. Bringing the physician-in-chief in on a particularly problematic case has a dual purpose—to help solve the case and to provide a learning experience for students and house staff.

In the patient's room, Dr. Douglas examines her. It is the examination familiar to anyone who has ever seen a doctor: he listens to the patient's chest, examines her eyes and throat, feels for swelling, asks questions, listens. Not least important, he offers encouragement to a patient obviously disheartened by her unexplained illness and failure to get well.

Adjourning to a conference room, the group hears a detailed review of the case by the house officer who has been most closely involved. The lengthy recitation testifies to the extensive resources of modern medicine—laboratory tests of many kinds, a range of radiological procedures that includes a CAT scan, sonogram, echocardiogram, bone scan, liver and spleen scan, and kidney scan. The sheer volume of data leads the house officer to speed up her recitation and elicits a rueful smile from Dr. Douglas. "These days it's rare for a case to go undiagnosed for this long. But when it happens, we wind up with far more information than we need."

How to cut through all the data to an answer? After discussion, the possibility that seems most worth pursuing to Dr. Douglas and the group is that the patient has tiny embolisms in the lungs. Sometimes developing as a result of injuries and immobilization, pulmonary embolisms would account for the patient's fever and shortness of breath and might well be too small to show up on a CAT scan. A further reason to follow this course is that embolisms could quickly be cleared up if found. It is agreed that the patient will therefore have an arteriogram and that Dr. Douglas will be kept informed of the progress of the case.

Next on the chairman's schedule is the department's weekly morbidity and mortality conference. About 100 house staff, medical students and attendings listen to a review of the case histories of two patients who recently died, one from cancer that had spread to several organs and the other



Dr. R. Gordon Douglas, Jr., conducts an examination during patient rounds.

from the cumulative effects of 20 years of systemic lupus erythematosus. Both cases presented many complex problems. Both also raised a question endemic to modern medicine: with a human life at stake and the best medical technology available, what limits does one set to an aggressive course of treatment?

To be a chairman of medicine in a leading academic medical center in 1983 is to preside over an operation of unprecedented complexity in the history of medicine. Dr. Douglas, who has been chairman here since February 1982, is no stranger to the complexities of academic medicine. But at age 48, he is old enough to remember when the department of medicine was smaller and the practice of medicine less complicated.

"When I was a medical student here, between 1955 and 1959," he recalls, "I doubt if there were more than 12 to 15 full-time faculty in the department of medicine—that is, faculty who do not have private practices and who devote their entire professional energies to patient care, education and research. Today we have about 120 full-time faculty in the department, plus 250 voluntary faculty, physicians with private practices who also participate in the center's educational and research programs. We also have 90 interns and residents, young physicians taking their postgraduate training, about twice as many as there were in the early 1960's, when I was chief resident.

"The department of medicine has 12 divisions, some of them larger than whole specialty departments. Each division has a vigorous program in patient care, research and education, and each needs more space. Space is our great problem today. The National Institutes of Health publishes guidelines on how much room an investigator ought to have for a laboratory and office, and what we have here falls considerably short of those guidelines. Fortunately, the completion of the Starr Pavilion will make additional space available in adjacent buildings for our research. The center's long-range plans also take these needs into account."

Is it possible, he is asked, that the department has grown too big?

"Before returning here in 1982, I spent 12 years at the University of Rochester, first as head of the division of infectious diseases and then as an associate dean with special responsibility for education. The growth at that institution and at academic medical centers in general has been phenomenal. And, of course, that expansion has not been gratuitous: it occurred in response to the public's desire for better medical care for more people.

"In one sense, the size and complexity of modern medicine testify to how far we've advanced: we have more knowledge than we used to, more

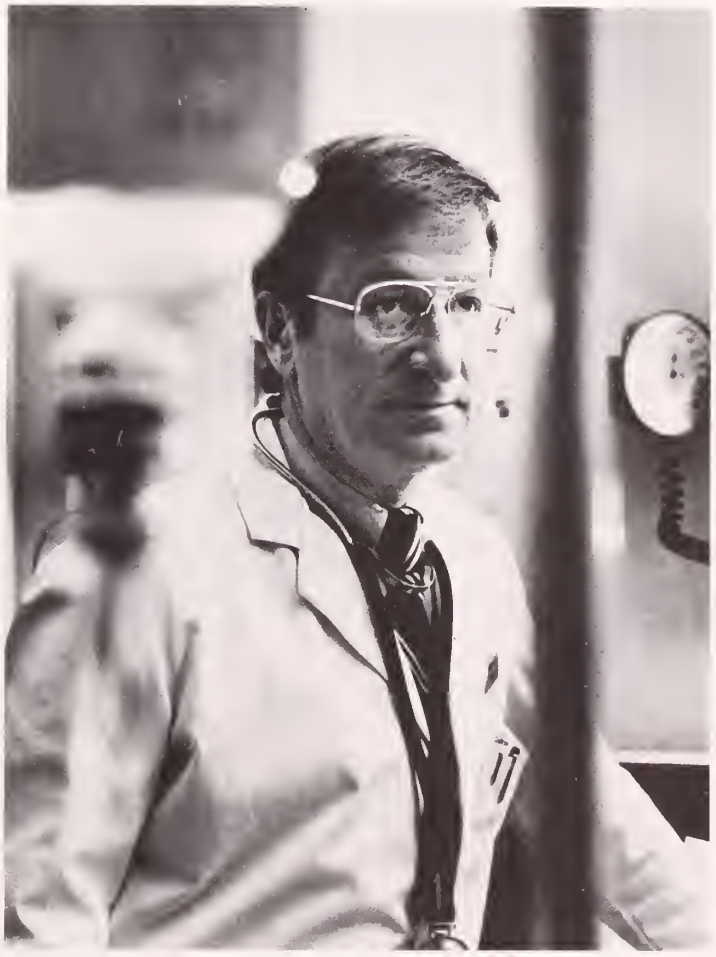
With Attending Physicians R. A. Rees Pritchett, left, and Isadore Rosenfeld.

technology, more options. That doesn't mean we can use those options indiscriminately; on the contrary, we physicians should be taking the lead in dealing with the cost issue. At this center, considerations of cost are a fundamental part of the case-history reviews that we conduct daily with our house staff. And it makes a difference. The American Board of Internal Medicine now includes as part of its diploma examination a patient-management problem in which candidates are rated on their ability to handle a case economically. On one recent exam, the median cost for a particular case was $4500; the median score for our residents was $4000."

He is asked about the cases encountered just that morning, in all of which extensive technology was unavailing.

"In trying to make a diagnosis, we can't be sure beforehand that a given test will give us the answer we seek. Likewise in treating a difficult and complicated condition, we can't be certain that a particular therapeutic measure will be successful; in fact, in a case of terminal disease, the chances that a particular procedure will be effective may be rather slim—and, yet, going ahead with it may be better than doing nothing at all. When a life is at stake, there is a tendency to overspend. I don't think many people would want us to change that.

"I said before that the complexity of modern medicine testifies to how much progress we've made; but, in another sense, it is an index of how far we have to go. An illustration. The year I entered medical school was the same year in which the Salk vaccine for poliomyelitis was proved effective. Here is a disease that used to be very expensive to treat and for which available treatments were not very satisfactory but that today has ceased to be a health problem entirely because of vaccines developed through research. Ultimately, the way to cost-effective medicine is through research. Once we understand enough about the mechanisms of metastatic cancer or lupus erythematosus, we will be able to deal with them as effectively as we now deal with infectious diseases that used to be a scourge."



"The complexity of modern medicine testifies to how much progress we've made; but, in another sense, it is an index of how far we have to go."

But how will significant progress continue to be made, he is asked, given the constraints on growth that exist today?

"In some ways, we may have to cut back. I expect, though, that we will find the resources to expand our programs in this department selectively. But even more important are the opportunities we have to develop joint programs with neighboring institutions whose missions complement our own. In this whole complex of institutions at 68th Street and York Avenue we have some of the best basic science in the world and some of the best clinical medicine. What better way to achieve progress than by bringing them more closely into conjunction?

"In many centers today, the goal is to maintain the programs that exist and not be too concerned about developing new ones. Fortunately, we can do a lot better than that. The opportunities we have here are very special, even unique."

He smiles.

"As a matter of fact, that just happens to be why I'm here."

"I'd like to go to school with a bag over my head." This cry from a young boy with an enormous lower jaw is typical of the despair many people feel when they first come to see Dr. Stanley Behrman, director of the new Facial Architecture Center (FACE). The woman whose mouth can't close. The teenager whose chin never developed. The actress with a facial tumor. The girl with cerebral palsy. All of them suffer not only emotional pain from their appearance, but serious functional problems as well. Now each of them can be dramatically helped thanks to the pioneering surgery and unique total care facilities available at FACE. Opened last year at the New York Hospital-Cornell Medical Center, FACE represents just one part of the major thrust that will keep the medical center in the forefront of clinical care in coming decades.

"What we do here is alter the form of people's faces to improve function and appearance," explains Dr. Behrman. "What you see on someone's face is soft tissue draped over a framework." An orthognathic (corrective jaw) surgeon redesigns this framework; hence, the term facial architecture. And, indeed, the procedure does resemble architecture, involving hours of making painstaking measurements, drawing blueprints, and planning angles and lines with an expert eye. A glance at dozens of before-and-after pictures shows that Dr. Behrman's feats of facial reconstruction are more than surgery. They are works of art.

Located on the 21st floor of the hospital, the new center permits more precise work and improved patient care than were available previously. Dr. Behrman and his staff raised funds for half the construction and all the equipment, with the majority of gifts coming from grateful patients and interested individuals.

FACE has become a referral center for unusual cases from all over the world. Last year there were 3,681 patient visits and 419 operations. Each case presents a unique challenge, sometimes requiring the invention of a new technique or procedure. For example, cerebral palsy victims often have uncontrollable tongue movement. The first time such an operation was done, it was necessary to devise ways to do the work without ever closing the jaw. Other cases include muscular dystrophy patients who may have difficulty adapting their face muscles to a new position when the upper jaw is raised, and rheumatoid arthritics who usually have deteriorated jaw joints that need to be replaced.

Each patient at FACE has access to a team of specialists and a complete range of related care. The case of a woman who can't bring her lips together is typical. This condition distorts her face and places a severe strain on her entire musculature, forcing her tongue forward when she swallows and creating speech difficulties. She is also prone to breathing problems and gum disease. On her first visit she will have a long consultation with the surgeon about her expectations and about what can and can't be done at the center. She may see a psychologist for an evaluation of her ability to cope with the operation and for help with any special problems she has. She will also be encouraged to meet others who have had the same surgery and to join a support group afterwards.

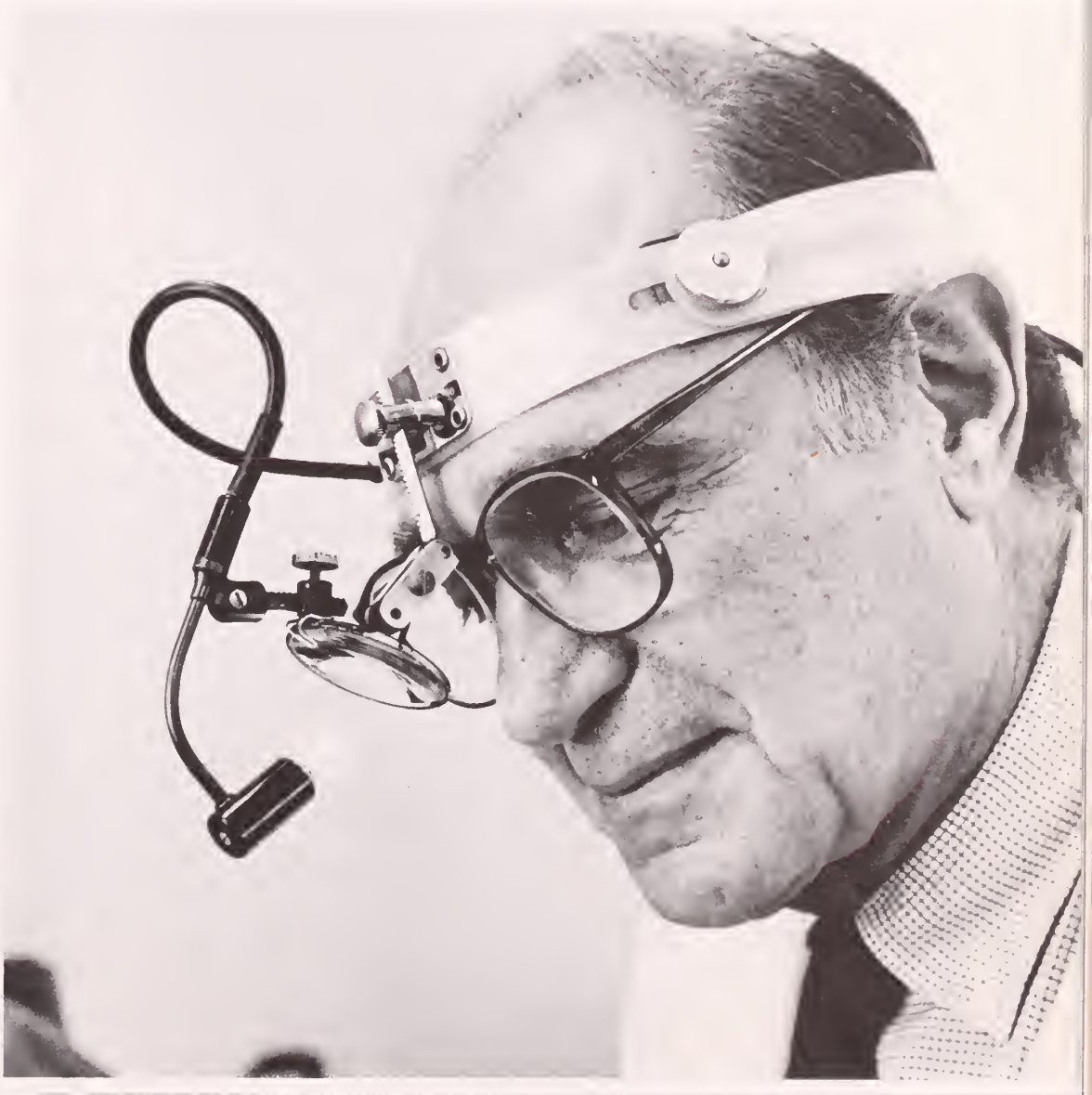
Next, photographs and special x-rays are taken. Then a facial outline, a chin cutout, several drafts of the finished face, and plaster models of the jaw with as many as eight movable parts are made up. After that, the hardest part begins, the task of

Preparations for orthognathic surgery: photographs, drawings, plaster models with movable parts.

placing different sections of the face together on trial models and deciding on the final blueprint. All surgery is performed on the inside of the mouth so that no scars are left. Since the mouth may be kept shut as long as 11 weeks, a nutritionist sees every patient about dietary problems that might arise from an extended liquid diet. This patient may also work with a muscle therapist, and under the umbrella of the hospital, endocrinologists, neurologists, and other medical specialists are available as needed.

What of the future? A recent grant is supporting the installation and programming of a computer to analyze 30 years of data that will help researchers at the center and elsewhere learn about the long-term effects of various kinds of operations. Not only will the new computer make the experience of the center available to others, it will also take seconds to perform the kind of precise measurements that take half a day when done by hand. The installation of video equipment will be a valuable tool for planning operations and for teaching, enabling doctors and students to examine a mobile face instead of a photograph. At present, Dr. Behrman ingeniously attaches a video camera to his head when he operates so that students can study closeups of an area no bigger than the palm of the hand.

What specific new surgical procedures might FACE be doing in the next five years? Dr. Behrman replies, "If we knew, we'd be doing them now."



A study in concentration, Dr. Stanley Behrman takes measurements of the face of a patient.

PROGRESS IN BASIC SCIENCE

A truism about modern medicine is that a lot of its most important work gets done in laboratories. An array of laboratory tests greatly extends the physician's ability to diagnose and treat disease. Of less immediate value, but certainly of no less importance, is the long, hard work that goes on in the medical center's basic-research laboratories, work that lays the basis for medicine's future.

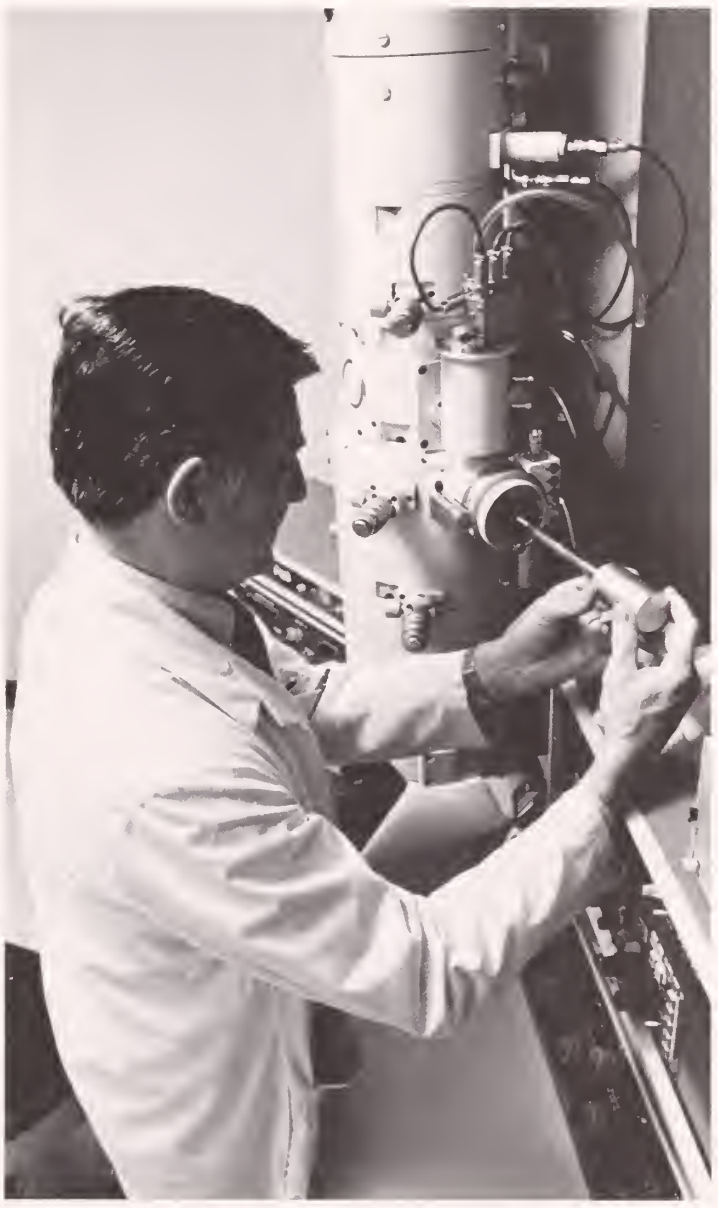
Basic-research scientists are medicine's great explorers. The terrain that they confront is not only uncharted but, in Lewis Thomas' words, "formless, incomplete, lacking the essential threads of connection, displaying misleading signals at every turn, riddled with blind alleys." Like Lemuel Gulliver, basic scientists commonly deal with the very large and very small. In NYH-CMC's department of cell biology and anatomy, for example, a subject of major interest is how organisms move—a question large enough to embrace the flexing of human muscle and the contraction of the cortical gel layer of a slime mold. But answering large questions often requires studying the most minute aspects of living cells—for example, the precise steps by which the key muscle-cell protein actin gets assembled into filaments. A fundamental conviction governing basic research in a medical center is that knowledge about the smallest units of natural organisms can lead to the solution of the largest disease problems.

Because basic science is clearly central to medical progress and to the training of future physicians, it occupies a prominent place in the long-range plans of the New York Hospital-Cornell Medical Center. Last year the center took a major step forward towards its goal of assuring future excellence in basic science by extensively renovating the facilities of the department of cell biology and anatomy. Made possible by a $3,000,000 gift from Mr. Stavros Niarchos, the renovation testifies to the interdependence of patient care and basic science in an academic medical center: Mr. Niarchos' gift came through the good offices of his personal physician, Dr. Isadore Rosenfeld, an attending physician and clinical professor of medicine at NYH-CMC.

The department's laboratories not only are new but are organized in a new way. No physical divider separates one research project from another; instead the main section of each research floor consists of one open space in which three or four projects can be carried on at the same time. Efficient and cost-effective, the new arrangement fosters the sharing not simply of space and equipment, but of ideas and enthusiasm as well. There is also a built-in flexibility: as projects expand or change, lab space can easily be reorganized.

Overseeing the renovation was the department's new chairman as of July 1, Dr. Donald Fischman, a graduate of the medical college who previously served as chairman of the department of anatomy and cell biology at the State University of New York—Downstate Medical Center. Dr. Fischman sees the department as poised to extend the revolution in knowledge and technology that has trans-

For Dr. Donald Fischman, new chairman of the department of cell biology and anatomy, "developmental biology has the excitement now that molecular biology had 20 years ago. . . It's just a matter of doing it."



Dr. Roy Swan prepares an electron microscope for viewing in the department's new Niarchos Laboratories.

formed the life sciences within the past few decades. He anticipates progress along several main lines.

The first entails the study of biological movement. It is Dr. Fischman's conviction that cell motility is fundamental to all life forms. How exactly does chemical and electrical energy get transformed into mechanical energy in living cells? For over a century, scientists studying this problem have clarified some of the most fundamental cell processes, and it is likely they will continue to do so.

The second thrust will be in exploring cellular development. Recent research has provided detailed information about DNA, the fundamental genetic material of all living organisms. Perhaps the greatest mystery in biology today is how that basic genetic material gets expressed in different ways in various kinds of cells and at various stages in the development of an organism. "Developmental biology has the excitement now that molecular biology had 20 years ago," Dr. Fischman says. "Questions are clear, and the techniques are at hand; it's just a matter of doing it."

One technique developed in just the past ten years involves what are called monoclonal antibodies, protein substances that make it possible to identify sub-cellular structures with enormous precision. In one recent study of developing muscle, for example, Dr. Fischman and his associates used monoclonal antibodies to demonstrate that a key contractile protein called myosin exhibits a varying chemical structure at different stages in the development of the organism. The reason for this may be that several genes code for this protein, with one or another gene being expressed at specific stages in the animal's life. Work along these lines could prove to be of great value in understanding the baffling group of diseases known as muscular dystrophy, some of which may be caused by inappropriate gene expression in muscle development.

Finally, Dr. Fischman anticipates an effort in cellular neurobiology that will bring new strength to a center program already recognized as one of the strongest in the world. In another development bound to help assure that continued preeminence, the medical center last year established an endowed professorship for a member of the faculty recognized for his outstanding contributions to neurobiology. Dr. Donald Reis, a professor of neurology and attending neurologist, last year became the first George C. Cotzias Distinguished Professor of Neurology. The laboratory for neurobiology, which Dr. Reis heads, is a world center for basic research, known particularly for discoveries related to hypertension and the developmental biology of the brain.

OINT PROGRAMS

A couple had been trying to have a child for several years without success. When the husband consulted urologists at the New York Hospital-Cornell Medical Center, it was evident he had a fertility problem. But what was wrong, and could it be corrected?

Such questions are being answered through a new joint program for the study, diagnosis, and treatment of reproductive disorders, set up last year by the medical center and the Population Council Laboratories at the Rockefeller University. Directed by Dr. Marc Goldstein and supervised by Dr. E. Darracott Vaughan, who hold appointments at both institutions, the program makes full use of the research laboratories at Rockefeller, the clinical-care facilities at the New York Hospital, and the creative collaboration of the skilled staff at both institutions. Along with other new joint efforts in dermatology and ophthalmology, it reflects the center's commitment to sharing medical talent and resources with neighbor institutions in programs that could not be developed separately.

In the case in question, the husband's hormones proved normal, but investigation revealed that protein carboxymethylase, an enzyme in the sperm tail that seems to be essential for movement, was missing. Without movement, the sperm are incapable of fertilization.

In some cases, an operation removing duct blockage results in both increased sperm mobility and a corresponding increase in protein carboxymethylase. Patients who receive the surgery are invited to participate in a study to confirm that this enzyme is essential to sperm mobility. Once the connection is confirmed, it should provide the first objective chemical test of sperm's ability to function, which up to now has been studied solely by microscope. The development of such a test would be an important step in the diagnosis of male infertility disorders.

In this instance, the doctors concluded that the enzyme was missing because of a genetic defect and would not be restored by surgery. Although the infertility problem was not solved, the availability of sophisticated and highly detailed tests saved the husband from an unnecessary operation.

The Laboratory for Investigative Dermatology is another ex-

Drs. E. Darracott Vaughan, left, and Marc Goldstein head a new joint program dealing with reproductive disorders, established last year by the medical center and the Population Council Laboratories at the Rockefeller University. The portrait is of James Buchanan Brady, benefactor of the medical center's division of urology.

ample of productive cooperation. The causes for many serious skin diseases are unknown, and treatments are often dangerous, uncomfortable or ineffective. The laboratory, directed by Dr. Martin Carter, professor and senior physician at the Rockefeller University with an appointment at the medical center and working ties with Memorial Sloan-Kettering, draws on the strengths of the three institutions to bridge the gaps among basic research, clinical research, and patient care. Dr. Carter, who came last year from Yale University School of Medicine, has created a first-rate teaching, research, and treatment program that no one of the participating institutions could produce alone.

One major concern of the program is wound healing. On a basic level, the laboratory is investigating the conditions that cause people to have chronic sores, the factors that affect the rate of wound healing and the reasons why healing is slow in older people. Patients with chronic sores, with surgical wounds that do not mend, and with severe blistering and other conditions are referred from all over the world for treatment and study. Careful attention is paid to bacterial population, degree of acidity, and gaseous atmosphere of wounds.

Various new wound dressings made of biologic and synthetic materials are being tested to compare how they affect the rates of healing on diverse types of wounds in different age groups. Traditionally, wounds have been kept dry, but recent research suggests that healing is enhanced in a moist environment. One new dressing under study is made from cultured skin cells. A woman with a large, nonhealing scalp wound received a graft of cells taken from her leg after they had been cultivated in the lab. A sheet of cells was applied directly to the wound and within a month the wound had healed completely.

Dr. Carter and his associates are also studying inherited diseases that lead to serious skin disorders and abnormal damage to DNA and chromosomes. A particular focus of the study is Fanconi anemia, a rare disorder characterized by enhanced susceptibility to environmental DNA damage, severe anemia, and immune deficiencies, in addition to various skin ailments. The laboratory, together with one in Germany, is the international registry for all known Fanconi anemia patients.

In still another joint effort, Dr. Robert Ellsworth, director of NYH-CMC'S ophthalmic oncology center, is heading a program of clinical studies and basic research being conducted with Memorial Sloan-Kettering Cancer Center. The collaboration offers full ophthalmic facilities to staff and patients at both institutions, including CAT scans, laser treatment, and any necessary surgery. Three hospital residents are also in training at Memorial under the full-time supervision of a faculty member of the medical college. In addition, research is being conducted to diagnose and treat eye tumors, ophthalmic infections, and immunological diseases of the eye.

Dr. Martin Carter, director of the Laboratory for Investigative Dermatology, examines growths on a patient's hand.

COST-EFFECTIVE COMMUNITY CARE

On the day of the great blizzard of February 1983, Lynn Dentz, riding her bicycle as usual on her rounds as a physical therapist, stops at midmorning at the East Side apartment of Madge Ferredy, who is recovering steadily from a stroke suffered two months earlier. The snow hasn't started yet but is clearly in the air, and a raw wind whips through the gray streets.

Mrs. Ferredy, a recent widow, walks a little in the lobby, but does most of her regimen upstairs—a walk in the hall, exercises in her apartment. She is a small, fragile-looking woman, and her strong and steady recovery is a tribute to her strength as well as to the physical and emotional support she gets from Mrs. Dentz, who cares for her patients as a therapist on the staff of the Home Health Agency of the New York Hospital.

The agency, which covers every floor and department in the hospital as well as the Burke Rehabilitation Center in White Plains and the Hospital for Special Surgery, oversees the provision of medical services to patients whose doctors have determined that they can return home. Services furnished include nursing, physical therapy, speech therapy, occupational therapy, and social-work services. Supplies, equipment, transportation, and laboratory work required by the patients are also provided.

Mrs. Alice Hugo, who heads the agency, explains that it is based on the principle that some patients can do better at home than in the hospital. "They need some of the services furnished by the hospital, but they don't require care on a 24-hour-a-day basis. The patients want to be home and are better off at home, and, of course, the cost is considerably less than it would be if they remained in the hospital or went to a nursing home."

Eight agency nurses have weekly conferences to discuss the progress of patients. When it is determined that someone can leave the hospital early and receive further treatment at home, the nurses help develop, plan and evaluate the care, most of which is provided by therapists and community nursing agencies from around the city and metropolitan area. Last year some 1300 patients at the New York Hospital received care through the home health agency.

Post-hospital care is a basic concern, too, of the hospital's department of social work. During 1982 NYH's 35 social workers served some 4500 inpatients, providing in many instances a link between hospital and patient long after discharge. Social workers made connections with numerous community agencies, so that patients could receive homemakers, meals on wheels, friendly visitors, telephone reassurance, home teachers, vocational rehabilitation, and after-care. Perhaps most important of all, they helped families provide positive, accepting, and healing environments for patients.

Lynn Dentz, a physical therapist with the Home Health Agency, sets out from the hospital on her day's rounds.

As concern about the rising costs of health care has intensified, so has the desire to assure that patients receive care in the most appropriate place, whether at home or in an acute-care hospital or in a nursing home or in some other setting. During 1982, a central training unit was established in the department of public health of Cornell University Medical College to improve the way this question is answered for long-term patients all across the United States.

Established with a grant of $425,000 from the Kellogg Foundation, the new unit is under the direction of Angela Falcone, an instructor in public health in the medical college. The center employs a system that was first developed by Ms. Falcone in Michigan, also with the Kellogg Foundation's support. Called the Long-Term Care Information System, it provides a uniform means—through checklist forms—of assessing a patient's status and determining what services he needs and in what type of facility he ought to be getting them. Although the system is not yet operative in New York State, a team from the center travels to various parts of the country to offer instruction in using the system to hospitals, nursing homes, home health agencies, state health departments and other institutions and agencies concerned with long-term care and its cost.

Lynn Dentz's responsibilities do not take her to other parts of the country—but she does cover a good part of Manhattan, from 42nd Street to 96th Street, between the East River and Fifth Avenue. On this raw day in February, she has seen one patient already and will see two more after she leaves Mrs. Ferredy's apartment.

She knows a good deal about her patients, and talks with them as though they are old

friends. Mrs. Ferredy was almost completely paralyzed on her right side as a result of her stroke, but now manages quite well. She writes checks to pay the bills, and, with help from an occupational therapist, has gotten many of her kitchen skills back.

"Her strength is no longer a problem," Mrs. Dentz explains. "Now she has to work on her balance."

"I just keep saying to myself, 'I can do it, I can do it,'" Mrs. Ferredy says. "But I'm still very much afraid of falling."

Mrs. Ferredy begins her exercises: she bends both legs; she rubs one heel along the other leg; she moves her legs quickly up and down. There are nine in all, written down for her to do daily. The session is over in 45 minutes.

There is one last exercise before the therapist leaves. Mrs. Ferredy has to be coaxed, and she says she's embarrassed. But in the half-light of the gathering storm and with some difficulty, she sits at the piano and plays "The Blue Danube."

Working with a patient in the hallway of a tenement.

SUPPORT FOR YOUNG SCIENTISTS

To a considerable degree—perhaps more than is generally realized—scientific investigation is the province of the young. Even when research careers blossom in middle life, invariably the roots took hold early on. The importance of youth to biomedical science is seen in the fact that about 85 percent of regular grants awarded by the National Institutes of Health go to investigators under the age of 45. Because young talent is vital to a research program, providing support for young men and women of unusual scientific ability has emerged as a leading priority of the center's planning and fundraising.

Dr. Steven Meshnick, an assistant professor of medicine at NYH-CMC, has known he wanted to do biomedical research since his days as an undergraduate at Columbia College. In 1972, he was one of the first group of five students to be accepted into a new dual-degree program coordinated between Cornell University Medical College and the Rockefeller University. The program, one of the most prestigious in the country, enables students to earn their M.D. from the medical college and their Ph.D. in medical science at Rockefeller.

During his second year at Cornell, Steve Meshnick became interested in tropical medicine through the influence of Dr. Benjamin Kean. The laboratory of medical biochemistry of the Rockefeller University provided him the opportunity to pursue this new interest, which was further strengthened by an extended visit to Africa and two trips to Brazil, where the medical college coordinates a program in tropical medicine with the University of Bahia. In 1979, following his graduation from CUMC, he joined the faculty of the college's division of international medicine.

Dr. Meshnick's current work deals with leishmania, a group of parasitic protozoans that infect some 400,000 people each year in Africa, Asia and South America. Producing effects ranging from skin ulcers to severe anemia and death, leishmania are difficult to treat because they take refuge in cells called macrophages that normally serve to protect the body from infectious organisms. Ironically, macrophages not only fail to destroy leishmania, but actually protect them from other mechanisms of the body's defense system.

With his friend John Eaton of the University of Minnesota Medical School, Dr. Meshnick has shown that leishmania survives inside the macrophage by producing large amounts of an enzyme that protects it from a poison made by the host cell. Research during the past year has identified compounds that block this enzyme but do not interfere with a similar enzyme made by mammalian hosts. With work to date being focused on purified enzyme, it now remains to be seen whether this promising drug will prove effective with cell cultures and, ultimately, with infected animals.

A very different, though equally exciting, line of investigation is being pursued by Dr. Hazel Szeto, an assistant professor of pharmacology. Like Steve Meshnick, Hazel Szeto arrived at NYH-CMC in 1972. As a student in the center's Graduate School of Medical Sciences, she so impressed Dr. Walter Riker, chairman of the department of pharmacology, that he prevailed upon her to matriculate in the medical college as well as at the graduate school and to earn the M.D. along with the Ph.D. in medical sciences.

Dr. Szeto has been investigating the effects of drugs on fetal development ever since an obstetrician stimulated her interest in the subject during her student days. Realizing that only research with animals could give a full picture of these effects, Dr. Szeto developed a way to monitor the fetus of the sheep. A whole range of measurements can be made—such as of physical movement, sleep patterns, brain activity—without harm either to mother or offspring. (After being tested in Dr. Szeto's lab, ewes and lambs return to the farm, where they enthusiastically greet Dr. Szeto when she comes to visit.)

Dr. Szeto's research has provided important information on the effects of pain-killing drugs on a fetus when administered to its mother. For example, recent work in her laboratory has

Dr. Steven Meshnick works at a biohazard laminar-flow hood.

Dr. Hazel Szeto with one of her charges. Lambs are monitored for one month after birth.

shown that meperidine (Demerol) penetrates to the fetus to a considerably greater degree than morphine, which suggests that the latter may be a better choice as a pain-killer during labor. In addition, Dr. Szeto sees the methods she has developed with sheep as applicable to a whole range of substances commonly ingested by pregnant women, such as caffeine, nicotine, marijuana, alcohol, amphetamines. To what extent do these substances reach the fetus? How do they affect its sleep patterns and the development of its central nervous system? Can they cause such subtle disorders of the nervous system as hyperactivity, short attention spans? These and other important questions will come within reach as funds become available to expand the work of Dr. Szeto's laboratory.

To date, Drs. Meshnick and Szeto have been able to attract both federal and private funds to support their research. Should federal funding for research continue to dwindle, however, they and other promising young investigators would be particularly vulnerable: scientists just starting out invariably have a harder time attracting grants than investigators with substantial records of accomplishment. The medical center has therefore put a high priority on setting aside funds to support investigators at junior levels. In addition, it is seeking the new money that will enable other young men and women of great promise to study here and become tomorrow's biomedical scientists.

THE ART OF CARING

Amy Chou keeps a record of all the patients she has worked with over the past 13 years, each one a small, neat entry in a notebook on her desk. Offhand she can't say how many there have been, but she adds about 500 names a year and has started her fourth book.

Miss Chou (pronounced "jo") cares for women facing breast surgery in the New York Hospital, helping to guide them through the intricate physical and emotional traumas of the experience. Her title is clinical nursing specialist in the department of surgical nursing.

Wrote a former patient, "She escorted me to surgery, and, best of all, held my hand when I awoke in the recovery room, and escorted me back to my room. . .Amy taught me the exercises; made me my first and temporary prosthesis and encouraged me to wear it; and, most of all, throughout she was a reassuring, solid, supportive, trustworthy, reliable, caring presence. It continues. She even telephones me at home to inquire about me and offer any suggestions and comforting I might need."

A concern frequently expressed about modern medicine is that its advances in science and technology are being made at the expense of the art of caring. In fact, caring and scientific expertise are two sides of the same coin of good medical care. Through all the many changes that have occurred in the practice of medicine at the New York Hospital, the Good Samaritan has remained the hospital's emblem.

Amy Chou says she doesn't know of anyone else in the country who works full-time with breast-surgery patients. With the strong support of her department head, Laura Simms, she has developed a role that may very well be unique.

It was a role she began to envision not long after she completed her nursing education. Coming into contact with patients awaiting breast surgery, she quickly became aware of their special needs. "I began to realize how difficult the operation was," she recalls. "Physically it's relatively simple, and complications are rare. But the patients' emotional needs are immense."

The task she set for herself involved dealing specifically with those emotional needs. In time, with the support of her nursing superiors, she worked out arrangements with surgeons to see their patients as soon as they are admitted.

Miss Chou's schedule is nothing less than dizzying: morning conferences, work with patients and families from early afternoon into the evening, several hours on Sunday to stay in touch with weekend admissions. "There is so little time," she says. "There usually is just one day between admission and surgery, and the average stay is about seven days. Within that time, a woman must face the initial surgery, the immediate loss of a breast and the diagnosis of malignancy, the verdict as to whether she will need additional treatment, and the question of whether she will be able to have reconstructive surgery."

Because she can't control the time of the operation, Miss Chou comes in whenever necessary if she decides she needs to stay with a patient. She is always available during and after the hospital stay should special needs arise.

There are, too, quiet times with friends, strong ties with her family, and religious faith. And, she adds, "I talk a lot. I have the need to share my concerns, which, I suppose, is my way of coping."

Smiling, she recalls that she was almost asked to leave nursing school because she never talked. Having come to the United States by way of mainland China and Hong Kong, she not only had trouble with English but had a difficult cultural adjustment. "In China," she says, "you are taught not to speak—especially in class—unless you have something relevant to add. So I never spoke."

She still has an accent. But what she offers women facing a frightening time transcends languages and culture.

The husband of a former patient wrote: "I can tell you that if I were a hospital director and did not have an Amy Chou, I would go to any extent to invent her."

Amy Chou with former patient Terry Galsworthy.

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FINANCIAL STATEMENTS

The Society of the New York Hospital, *January 1–December 31, 1982*

Revenues	**$ Millions**	**%**
Net Inpatient Revenue	196.0	85.4
Net Outpatient Revenue	21.8	9.5
Other Operating Revenue	7.8	3.4
Specific Purpose Funds Used to Support Current Operations	3.8	1.7
Total	$ 229.4	100%
Expenses		
Salaries, Wages and Benefits	158.7	67.8
Medical and Surgical Supplies, Pharmaceuticals & Other Expenses	69.9	29.9
Depreciation	5.3	2.3
Total	$ 233.9	100%
OPERATING LOSS	($4.53)	
INVESTMENT INCOME AND UNRESTRICTED GIFTS	6.06	
BALANCE AVAILABLE FOR REQUIRED EQUIPMENT REPLACEMENT, BUILDING RENOVATION, NEW SERVICES, NEW HOSPITAL EXPENSES, ETC.	$1.53	

Cornell University Medical College, *July 1, 1981–June 30, 1982*

Revenues	**$ Millions**	**%**
Tuition and Fees	4.5	4.9
Investment Income	8.3	8.9
Restricted Funds for Research and Training	22.4	24.2
State Appropriation	1.4	1.5
Indirect Cost Reimbursement	6.8	7.3
Faculty Practice Plan	43.0	46.3
Other Sources	6.4	6.9
	$ 92.8	100%
Expenses		
Instruction & Research Training	8.1	8.7
Research	23.2	25.0
Libraries and Academic Support	1.8	1.9
Student Services and Student Financial Aid	2.9	3.2
General and Administrative Support	5.6	6.0
Plant Operations	5.4	5.8
Faculty Practice Plan	38.4	41.4
Debt Service	1.2	1.3
Other Expenses and Transfers	6.2	6.7
	$ 92.8	100%

Services to Patients	Laboratory	2,098,617
	Blood Bank	211,349
	Radioisotopes Services	39,835
	X-Ray Examinations	134,615
	Operations	19,932
	Deliveries	3,680
	Electrocardiograms	64,909
	Electroencephalograms	3,688
	Social Services Interviews	225,961
	Therapy Treatments (Physical, Occupational, Recreational)	282,324
	Transfusions	29,976
	Pharmacy Prescriptions	1,077,659
	Record Room-New Case Records	57,031
	Average Number of Full-Time Employees	5,786.8
Distribution of Beds	Private	
	Baker-Medicine	80
	Baker-Surgery	44
	Obstetrics and Gynecology	29
	Pediatrics	5
	Total Private	158
	Semi-Private	
	Medical/Surgical	462
	Two-Bed Baker-Medicine	51
	Two-Bed Baker-Surgery	25
	Urology	61
	Obstetrics and Gynecology	124
	Pediatrics	107
	Total Semi-Private	830
	Sub-Total Manhattan Division	988
	Newborn Bassinets	44
	Payne Whitney Clinic	108
	Total Manhattan Division	1,140
	The Westchester Division	322
	Grand Total	1,462
Patient Care	Patients Admitted Manhattan Division	34,736
	Newborn	3,649
	Payne Whitney Psychiatric Clinic	1,005
	The Westchester Division	1,217
	Total	40,607
	Patient Days, All Divisions Including Newborn	477,363
	Day Hospital Treatments	
	Payne Whitney Psychiatric Clinic	1,694
	Westchester Division	9,859

	Visits to Outpatient Clinics	182,199
	Visits to Emergency Pavilion	46,622
Educational Program	Medical Students	435
	Graduate Students	133
	M.D.-Ph.D. Students	44
	Degrees Conferred *(1981–82 academic year)*	143
	M.D.	119
	Ph.D.	22
	M.S.	2
	Faculty (including all affiliates)	2,064
	Full-Time	824
	Part-Time	47
	Voluntary	1,193
	House Staff (NYH-CMC only)	428
	Health-Related Students:	82
	X-Ray Technicians	34
	Dental Hygienists	6
	Dietetic Interns	21
	Medical Social Workers	5
	Surgical Assistants	16
	Samuel J. Wood Library *(1981–82 academic year)*	
	Users	354,372
	Journals (titles)	1,837
	Total Volumes	117,964
	New Books Received	3,085
Profile of Entering Medical Students, 1982 (101 admitted out of total applicant pool of 6,493)	Men	68
	Women	33
	Minorities	15
	New York State Residents	62
	College Majors	Science (79); Non-Science (22)
	Universities with Two or More Graduates Admitted:	
	Cornell University 13 Harvard University 10 University of Pennsylvania 7 Yale University 6 Princeton University 5 Brown University 4 Dartmouth College 4	Stanford University 3 Massachusetts Institute of Technology 3 Johns Hopkins University 3 Columbia University 3 New York University 2 Tufts University 2 State University of New York at Stony Brook 2
Research ***(July 1, 1981–June 30, 1982)***	Federally Sponsored Research—Total Funding	$23,260,208
	Privately Sponsored Research—Total Funding	$ 8,472,098
	Research Projects Funded	303
	Research Publications (approximation)	800

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THE AUXILIARY

The inauguration of jitney service to and from the hospital was one of many beneficial projects sponsored last year by the Auxiliary of the Society of the New York Hospital. The Auxiliary not only presented the new 17-passenger bus to the hospital and the community it serves, but agreed to pay half the driver's salary for a year. The free transportation service, inaugurated in May, primarily helps elderly patients get to and from medical appointments at the hospital. Operating between 8:30 and 4:30 Monday through Friday, the bus makes regular stops three times daily in Yorkville as well as in the Roosevelt Island and Long Island City areas.

In another major development last year, the Auxiliary donated $100,000 for expansion and modernization of the general-surgical Special Care Unit on F-11. Other gifts helped support a child-abuse-prevention program in the department of pediatrics and furnished "La-Z-Boy" chairs to enable parents to stay overnight next to their hospitalized children. The auxiliary also continues to support the hospital's diversional crafts program, the Volunteer Services for the Elderly of Yorkville (VSEY), and a community letter that appears quarterly in the newspaper *Our Town*. It provides art for the hospital, and continues to raise funds for these and other projects through its gift shop, in the hospital lobby, and its thrift shop, located just west of York Avenue on 71st Street.

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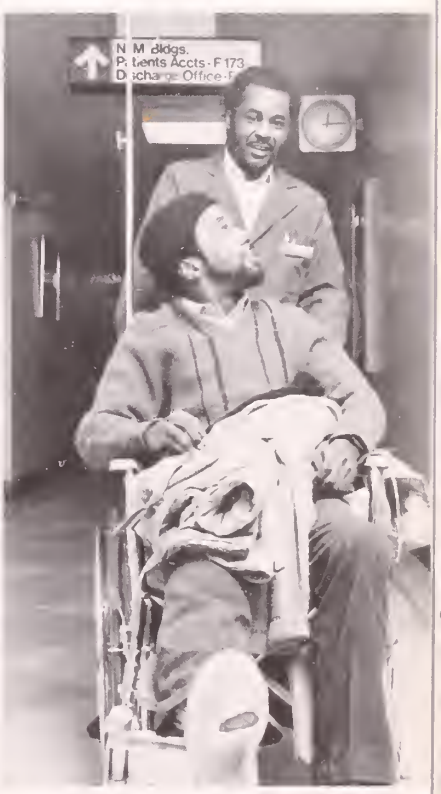
The New York Hospital is fortunate to have a group of highly motivated and dedicated volunteers. It is the wish to be of service that brings them to the hospital. The reward is satisfaction in a job well done and an occasional "pat on the back."

The services provided by volunteers are as varied as they are valuable. For Mrs. Myrtle Moskowitz (right) being a volunteer means playing with pediatric inpatients in the hospital's child-life department. For Herman Henry, it means serving as a volunteer for the patient-escort service.

All told 464 men and women served the hospital as volunteers in 1982. Collectively they donated 54,026 greatly appreciated hours.



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FIFTIETH ANNIVERSARY LUNCHEON

September 1, 1982 marked the 50th anniversary of an important day at NYH-CMC. Fifty years earlier to the day, the first patient had been admitted to the new medical center on 68th Street and York Avenue. Brought together under a single roof were two of the nation's most eminent medical institutions, the New York Hospital and Cornell University Medical College.

To highlight the critical role that private philanthropy has played in the first 50 years of the medical center, a special anniversary luncheon was held on October 25, 1982. Invited as guests of honor were representatives of founding families whose generosity made possible the establishment of the center, as well as of other families and organizations whose gifts continue to sustain the center's margin of excellence. Frank H. T. Rhodes, president of Cornell University, was the featured speaker. Among the distinguished guests were (bottom) Mrs. Henry B. Middleton and Mrs. Vincent de Roulet and (top) Mrs. John Hay Whitney and Mr. and Mrs. Laurance Rockefeller.

Announced at the luncheon was the receipt of a previously pledged $15,000,000 gift from the estate of John Hay Whitney, who died on February 8, 1982. This represents the payment of a pledge made by Mr. Whitney to an earlier capital fund drive.

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CABARET!

Over 1000 generous supporters attended *Cabaret!*, a benefit celebrating the 50th anniversary of the medical center and held on December 13 in the grand ballroom of the Waldorf Astoria. An evening combining holiday spirit and some of the best in Broadway entertainment, *Cabaret!* raised nearly $1,000,000 for the medical center. At right, Mrs. Vincent Astor and Walter Wriston, co-chairmen of the event, address the gathering. Far right, Mrs. Astor sings Christmas carols with the chorus of Cornell University Medical College.

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THE GREENBERG DISTINGUISHED SERVICE AWARD

An annual highlight at the medical center is the presentation of the Maurice R. Greenberg Distinguished Service Award, established in 1981 to recognize an exceptional senior member of the center staff. In naming the award, the joint board honored NYH Governor Maurice R. Greenberg for his generosity to the medical center. The first winner was the late Dr. Frank Glenn, surgeon-in-chief and chairman of the department of surgery at the medical center from 1947 to 1967. Last year's winner was Dr. John E. Deitrick, retired dean of the medical college and a principal shaper of medical education in the United States.

Joining in the awards ceremony last March were (from left) Dr. Peter Guida, Mr. Greenberg, Dr. Deitrick, and Bernadette Castro Guida.

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Chiefs of service at the New York Hospital, with the exception of the physiatrist-in-chief, serve as chairmen of corresponding clinical departments of Cornell University Medical College. Physicians at the hospital have faculty appointments in the medical college. For the sake of simplicity, however, the center's clinical faculty are listed here only by their hospital titles.

In addition to the clinical departments, the center also has six basic-science departments. Since the work of these departments consists almost entirely of teaching and research, many basic-science faculty do not have hospital appointments. They are, therefore, listed here by academic title.

The medical center has affiliations with a number of institutions, including the Hospital for Special Surgery, the Burke Rehabilitation Center, Memorial Sloan-Kettering Cancer Center, North Shore University Hospital, St. Barnabas Hospital, the Will Rogers Institute, and La-Guardia Hospital. Because of space limitations, professional staff at these institutions who do not have New York Hospital appointments are not listed in the following pages.

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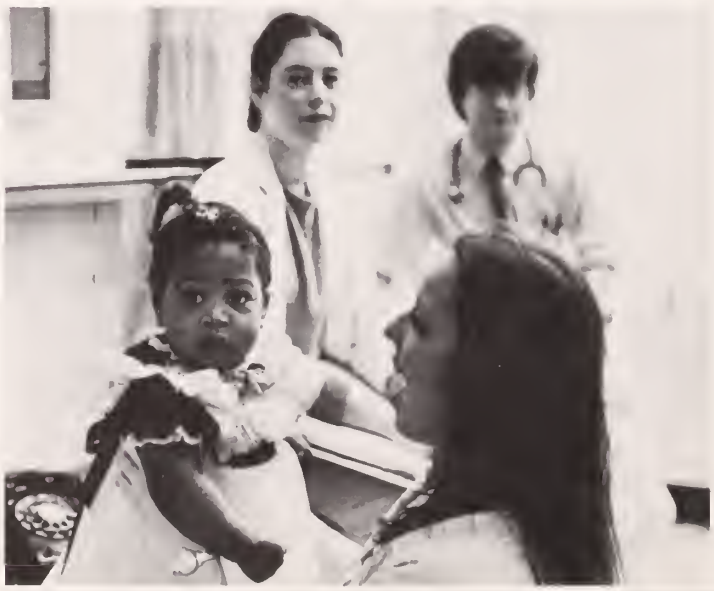

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Interns

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Neurology

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Obstetrics and Gynecology

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Pediatrics

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Jane Bloomgarden, Ph.D.
Phillida Brown, Ph.D.
Monica Carsky, Ph.D.
Martin V. Cohen, Ph.D.
Roni O. Cohen, Ph.D.
Melvin W. Crosby, Ph.D.
Peter Deri, Ph.D.
David J. Eger, Ph.D.
Carol R. Ehnis, Ph.D.
Katie Eisenstadt, Ph.D.
Mary M. Fitzpatrick, Ph.D.
Allan Frosch, Ph.D.
George Greenberg, Ph.D.
Paula Ippolito, Ph.D.
Stephen C. Josephson, Ph.D.
Robert S. Kruger, Ph.D.
Jerry Lanoil, Ph.D.
Alexander H. Levi, Ph.D.
Mary A. Luallen, Ph.D.
Eric Mendelsohn, Ph.D.
Sharon G. Nathan, Ph.D.
Patricia Noel, Ph.D.
Sara Ruth Pasternak, Ph.D.
Doris T. Penman, Ph.D.
Deborah A. Perlick, Ph.D.
James C. Rembar, Ph.D.
Shirley Schechter, M.S.
John A. Sweeney, Ph.D.
Michael H. Tamaroff, Ph.D.
Lyle Tucker, Ph.D.
Jutta Weiss, Ph.D.

GRADUATE STAFF—PAYNE WHITNEY CLINIC

Psychiatrist
Eslee Samberg, M.D.

Clinical Fellow
Neil Hartman, M.D.

Assistant Psychiatrists (Child Psychiatry)
Stephanie A. Brandt, M.D.
Barbara Geliebter, M.D.
Neville B. Lewis, M.D.
Philip Lister, M.D.
Philip E. Romero, M.D.

Assistant Psychiatrists
Shelley Aarons, M.D.
Alan Barasch, M.D.
R. Joffree Barrnett, M.D.
Wendy J. Bernstein, M.D.
David Brizer, M.D.
Michael D. De Meo, M.D.
Maureen Donnelly, M.D.
Carolyn J. Douglas, M.D.
Pamela A. Felder, M.D.
Lawrence G. Fischman, M.D.
Cathy J. Friedman, M.D.
Minna Fyer, M.D.
Elena L. Goldstein, M.D.
Jennifer H. Gunn, M.D.
James P. Halper, M.D.
David J. Hellerstein, M.D.
Lawrence Jacobsberg, M.D.
John Jemerin, M.D.
Kevin V. Kelly, M.D.
Sara L. Kennedy, M.D.
Eugenia Kotsis, M.D.
Phillip Lee, M.D.
Risa Levenson, M.D.
Judith Lusic, M.D.
Alan Z. A. Manevitz, M.D.
Donna Manning, M.D.
John C. Markowitz, M.D.
P. Anne McBride, M.D.
Donna Moreau, M.D.
Sharone Ornstein, M.D.
Samuel L. Pauker, M.D.
Edward M. Paul, M.D.
H. Jonathan Polan, M.D.
Girard E. Robinson, M.D.
Ann W. Schongalla, M.D.
Harold Schwartz, M.D.
Ann P. Sellew, M.D.
Mary Sickles, M.D.
Lisa Sinsheimer, M.D.
Ladd Spiegel, M.D.
Elyse G. Stock, M.D.
Anne Stockton, M.D.
Peter Weiden, M.D.
Renee Welner, M.D.
Frank E. Yeomans, M.D.

GRADUATE STAFF – WESTCHESTER DIVISION

Psychiatrist
Matthew J. Klein, M.D.

Assistant Psychiatrists (Child Psychiatry)
Ellen F. Flynn, M.D.
Leonard Leven, M.D.
Carol A. Moretta, M.D.
Susan M. Owen, M.D.
William P. Owen, Jr., M.D.
Emile I. Pincus, M.D.
Beverley R. Roach, M.D.

Assistant Psychiatrists
Margaret Anderson, M.D.
Michael L. Balogh, M.D.
Alan M. Cohen, M.D.
Thomas M. Collins, M.D.
Lawrence P. Costello, M.D.
Jane B. Doller, M.D.
Mark Epstein, M.D.
Ralph E. Everett, M.D.
Charles S. Gardner, M.D.
Steven E. Gelda, M.D.
Susan D. Goodman, M.D.
Robert M. Greenberg, M.D.
Robin M. Hamilton, M.D.
Lynn G. Heckman, M.D.
Kevin T. Kalikow, M.D.
Matthew Keats, M.D.
Suzanne E. Kerney, M.D.
Frederick J. Matzner, M.D.
Robert J. McClintock, M.D.
John G. Mezochow, M.D.
Barbara J. Murray, M.D.
David E. Ness, M.D.
Michael O'Boyle, M.D.
Alison Orr-Andrawes, M.D.
Peter H. Robbins, M.D.
William S. Rosenfeld, M.D.
Carl Rosenmann, M.D.
Adam M. Roth, M.D.
Steven D. Roth, M.D.
Diane Sacks, M.D.
Cheryl Seaman, M.D.
Walter W. Strauser, M.D.
Timothy B. Sullivan, M.D.
Alan Tipermas, M.D.
Kevin Turnquist, M.D.
Lawrence C. Turtil, M.D.
Susan Warren, M.D.

Radiology

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Joseph P. Whalen, M.D.

Attending Radiologists
David V. Becker, M.D.

Florence Chien-Hwa Chu, M.D.
Michael D. F. Deck, M.D.
John A. Evans, M.D.
Robert H. Freiberger, M.D.
Jae Ho Kim, M.D.
Lourdes Z. Nisce, M.D.
Nathan Poker, M.D.
D. Gordon Potts, M.D.
Thomas A. Sos, M.D.
R. Caird Watson, M.D.
Jack L. Wescott, M.D.
Patricia Winchester, M.D.

Associate Attending Radiologists
Mostafa Ali El Batata, M.D.
Paula W. Brill, M.D.
F. Mitchell Cummins, M.D.
Bernard Ghelman, M.D.
Amy Beth Goldman, M.D.
Antonio Govoni, M.D.
James R. Hurley, M.D.
Berta Jereb, M.D.
Herbert G. Kantor, M.D.
Elias Kazam, M.D.
Morton Schneider, M.D.
George Stassa, M.D.
Hind S. Teixidor, M.D.

Assistant Attending Radiologists
Gerald F. Abbott, M.D.
Yong Ho Auh, M.D.
Jon H. Edwards, M.D.
Ivy A. Engel, M.D.
Andrew W. Haraway, Jr., M.D.
Clyde A. Hershan, M.D.
James C. Hirschy, M.D.
Seymour Hopfan, M.D.
Roger A. Hyman, M.D.
Morton Jacobs, M.D.
Richard J. Katz, M.D.
Charles D. Kelley, M.D.
George Krol, M.D.
Benjamin C. P. Lee, M.D.
Samuel A. Lehrman, M.D.
Beryl McCormick, M.D.
L. Daniel Neistadt, M.D.
Dattatreyudu Nori, M.D.
Helene Pavlov, M.D.
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Zoltan I. Saary, M.D.
Souheil Saddekni, M.D.
Salil D. Sarkar, M.D.
Robert Schneider, M.D.
Brenda Shank, M.D.
Kenneth W. Sniderman, M.D.
Bhadrasain Vikram, M.D.
Annette Yacovone, M.D.

Clinical Affiliate
Martin Barandes, M.D.

PROFESSIONAL-ASSOCIATE STAFF

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GRADUATE STAFF

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Leonard Bodner, M.D.
Enrique M. Bursztyn, M.D.
John Bruce Kneeland, M.D.
Jorge G. Pardes, M.D.
Leslie A. Saint-Louis, M.D.
Mahadevan Shetty, M.D.
Marcel S. Srur, M.D.

Assistant Radiologists (Nuclear Medicine)
Fredy Martinez, M.D.
Paula Montgomery, M.D.

Assistant Radiologists
Steven A. Albert, M.D.
James S. Bauman, M.D.
Carol Beer, M.D.
Alan Bernstein, M.D.
William F. Coscina, M.D.
Sheila D. Davis, M.D.
Barbara E. Demas, M.D.
Mark R. Goldberg, M.D.
Robert L. Ludwig, M.D.
Charlynn C. Maniatis, M.D.
John A. Markisz, M.D.
Ellis B. Norsoph, M.D.
David M. Panicek, M.D.
Sondra J. Pfeffer, M.D.
Minta E. Phillips, M.D.
Elizabeth A. Ramirez de Arellano, M.D.
Barbara Rettek, M.D.
Alan L. Rosen, M.D.
Scott Sherman, M.D.
Lynne Steinbach, M.D.
Paul M. Stoopack, M.D.
Ethan A. Tarasov, M.D.
Joseph F. Yacovone, M.D.

Rehabilitation Medicine

MEDICAL STAFF

Physiatrist-in-Chief
Willibald Nagler, M.D.

Associate Attending Physiatrists
Hermina Z. Benjamin, M.D.
Ronald F. Green, M.D.
Emmanuel Rudd, M.D.

Assistant Attending Physiatrist
Joanne Tejera, M.D.

Clinical Affiliate
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PROFESSIONAL-ASSOCIATE STAFF

Professional Associate
H. Richard Lehneis, Ph.D.

Professional Associate (Podiatry)
Larry B. Price, D.P.M.

GRADUATE STAFF

Assistant Physiatrists
Michael J. Brien, M.D.
Teofilo C. Cambe, M.D.
Glenn Goldstein, M.D.
Reuben S. Ingber, M.D.
Ronald M. Schilling, M.D.
Irene von Estorff, M.D.

SURGERY

Surgeon-in-Chief
G. Thomas Shires, M.D.

General Surgery

MEDICAL STAFF

Attending Surgeons
William A. Barnes, M.D.
Murray F. Brennan, M.D.
Jerome J. DeCosse, M.D.
Peter Dineen, M.D.
Hollon W. Farr, M.D.
Edward I. Goldsmith, M.D.
William R. Grafe, Jr., M.D.
William F. Nickel, M.D.
*Malcolm O. Perry, M.D.
**S. Frank Redo, M.D.
Albert L. Rubin, M.D.
Kurt H. Stenzel, M.D.
Bjorn Thorbjarnarson, M.D.
George E. Wantz, M.D.
John C. Whitsell, II, M.D.

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**Attending Surgeon-in-Charge—Pediatric Surgery Division*

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Jhoong S. Cheigh, M.D.
Robert L. Clarke, M.D.
George N. Cornell, M.D.
Armand F. Cortese, M.D.
Peter M. Guida, M.D.
Vincent F. Marzulli, M.D.
Kevin P. Morrissey, M.D.
Robert R. Riggio, M.D.
Paul A. Skudder, M.D.
William T. Stubenbord, M.D.
John F. Sullivan, M.D.
Luis Tapia, M.D.

Assistant Attending Surgeons
John M. Aronian, M.D.
Jacqueline Chami, M.D.
William T. Curry, M.D.
John Mihran Davis, M.D.
Kenyon B. Field, M.D.
Jerome Finkelstein, M.D.
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Stephen F. Lowry, M.D.
Michael R. Madden, M.D.
Carmine J. Mauro, M.D.
Eugene Nowak, M.D.
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Stuart D. Saal, M.D.
Michael F. Silane, M.D.
David S. Speer, M.D.
Harry Statman, M.D.
Manikkam Suthanthiran, M.D.
Roger W. Yurt, M.D.

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Edgar P. Fleischmann, M.D.
John F. Gallagher, M.D.
Mark E. Helbraun, M.D.
David A. Mayer, M.D.
Earl A. O'Neil, M.D.

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Surgeons' Assistants
Bettye Epstein, S.A.
Donna Hamilton, S.A.
David Johnson, S.A.
Nancy Kuchta, S.A.
Mary Lombardi, S.A.
Geoffrey O'Sullivan, S.A.
Andrea Portenoy, S.A.
Linda Radano-Kovacs, S.A.
Howard F. Rose, S.A.
Randy Tymon, S.A.
William Wong, S.A.

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Clinical Fellows
Andrew A. Bailey, M.D.
Robert H. Barth, M.D.
Ashok Chaddah, M.D.
Andrew B. Covit, M.D.
Paul L. Fine, M.D.
Matthew C. Frankel, M.D.
Paul H. Halebian, M.D.
Glenn Horowitz, M.D.
Ilene J. Miller, M.D.
Larry E. Reaves, M.D.
David Rose, M.D.
Phyllis A. Taufield, M.D.
John C. L. Wang, M.D.
Burt Yankiver, M.D.

Surgeons
Anthony C. Antonacci, M.D.
Michael E. Burt, M.D.
William T. Cline, M.D.
Jeffrey P. Gold, M.D.
Lloyd Hoffman, M.D.
John D. Mannion, M.D.
Richard C. Richter, M.D.
Marc M. Sedwitz, M.D.

Assistant Surgeons
James D. Albert, M.D.
Gabriel S. Aldea, M.D.
David W. Altchek, M.D.
William A. Anderson, M.D.
Allyson A. Askew, M.D.
Philip S. Barie, M.D.
Guy T. Bernstein, M.D.
Anne Marie Billingsley, M.D.
Anthony C. Cahan, M.D.
David Calcagno, M.D.
H. Ballentine Carter, M.D.
James L. Clarke, M.D.
Jon R. Cohen, M.D.
Lawrence H. Durban, M.D.
Jean-Francois Eid, M.D.
David E. Eisenbud, M.D.
Stephen F. Ettinghausen, M.D.
Thomas L. Facelle, M.D.
Harold I. Genvert, M.D.
Mark S. Gordon, M.D.

H. Stephen Hudgens, M.D.
Martin E. Kessler, M.D.
Karen M. Kostroff, M.D.
Stuart C. Kozinn, M.D.
Marcus H. H. Loo, M.D.
Dougald C. MacGillivray, M.D.
Michael A. Marano, M.D.
Timothy S. Melester, M.D.
Brent W. Miedema, M.D.
Michael P. Moore, M.D.
Steven L. Parker, M.D.
Douglas E. Paull, M.D.
Albert J. Pfister, M.D.
David L. Rayfield, M.D.
Newell Robinson, M.D.
Norman A. Shoenfeld, M.D.
Mark L. Silen, M.D.
Angela M. Soto, M.D.
Brent F. Treiger, M.D.
Elaine E. Vellas, M.D.
Robert F. Ward, M.D.
Giles F. Whalen, M.D.
Barry J. Zadeh, M.D.

Cardiothoracic Surgery

MEDICAL STAFF
Attending Surgeon-in-Charge
William A. Gay, Jr., M.D.
Attending Surgeons
Cranston W. Holman, M.D.
George R. Holswade, M.D.
Associate Attending Surgeons
John C. McCabe, M.D.
Arthur J. Okinaka, M.D.
Valavanur Subramanian, M.D.
Assistant Attending Surgeon
Paul E. Stelzer, M.D.

GRADUATE STAFF
Clinical Fellows
L. Michael Graver, M.D.
Stuart B. Pett, Jr., M.D.
Thoracic Surgeons
J. Richard Cunningham, M.D.
Barbara K. Temeck, M.D.
Assistant Thoracic Surgeons
S. V. Karwande, M.D.
Robert A. Reichert, M.D.

Dental and Oral Surgery

MEDICAL STAFF
Attending Oral Surgeon-in-Charge
Stanley J. Behrman, D.M.D.
Attending Dentist
John J. Putnam, D.D.S.
Associate Attending Dentist (Periodontist)
Seymour M. Koteen, D.D.S.
Associate Attending Dentists (Prosthodontists)
Gerald M. Galvin, D.D.S.
Jason C. Lee, D.D.S.
Ivin B. Prince, D.D.S.
Associate Attending Dentists
Lawrence A. Behrman, D.D.S.
Ernest R. Piccaro, D.D.S.
Associate Attending Dentist (Endodontist)
Nelson I. Mendell, D.M.D.
Associate Attending Dentist (Orthodontist)
Joseph D. Davis, D.D.S.
Associate Attending Dentist (Roentgenologist)
J. Kenneth Schmidt, D.M.D.
Associate Attending Dentist (TMJ)
Leonard E. Quitt, D.D.S
Associate Attending Dentist (Myo-Functional Therapy)
Harvey Miller, D.D.S.
Assistant Attending Oral Surgeons
Thomas M. Darrigan, D.D.S.
Arthur C. Elias, D.M.D.
Jerry L. Halpern, D.D.S.
Andrew Hauser, D.D.S.
Steven J. Tunick, D.M.D.
Assistant Attending Dentists
Salvatore J. Durante, D.D.S.
Louis J. Marino, D.D.S.
Steven P. Saltzman, D.D.S.
Assistant Attending Dentist (Endodontist)
Joseph M. Leavitt, D.D.S.
Assistant Attending Dentists (Pedodontists)
David J. Levine, D.D.S.
Jack L. Mitchell, D.D.S.
Assistant Attending Dentist (Orthodontist)
Marc S. Lemchen, D.M.D.
Assistant Attending Dentists (Periodontists)
Joseph E. Rowan, D.D.S.
George W. Sferra, Jr., D.D.S.
Clinical Affiliate (Oral Surgeon)
Joseph J. Zito, D.D.S.
Clinical Affiliate (Orthodontist)
Robert M. Cole, D.D.S.
Henry I. Nahoum, D.D.S.
Gregory W. Sanford, D.M.D.

GRADUATE STAFF
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Peter H. Pruden, D.D.S.
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David A. Behrman, D.M.D.
Intern in Oral Surgery
Sidney B. Eisig, D.D.S.
Interns—General Practice Residency Program
Michael J. Speck, D.D.S.
Robert E. Widis, D.D.S.

Neurosurgery

MEDICAL STAFF
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Associate Attending Surgeons
Richard A. R. Fraser, M.D.
Joseph H. Galicich, Jr., M.D.
Assistant Attending Surgeons
Francis W. Gamache, Jr., M.D.
Michael H. Lavyne, M.D.
Rand M. Voorhies, M.D.

GRADUATE STAFF
Surgeon
Timothy A. Strait, M.D.
Assistant Surgeons
William O. Bell, M.D.
Pamela Z. New, M.D.
Robert B. Snow, M.D.

Orthopedics

MEDICAL STAFF
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Attending Surgeons
*William D. Arnold, M.D.
John H. Doherty, M.D.
Allan E. Inglis, M.D.
John N. Insall, M.D.
Bernard Jacobs, M.D.
David B. Levine, M.D.
Chitranjan S. Ranawat, M.D.
Leon Root, M.D.
L. Ramsey Straub, M.D.
*Chief, Combined Fracture Service
The New York Hospital-The Hospital for Special Surgery
Associate Attending Surgeons
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Joseph M. Lane, M.D.
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Peter J. Marchisello, M.D.
Ralph C. Marcove, M.D.
Eduardo A. Salvati, M.D.
Russell F. Warren, M.D.
Assistant Attending Surgeons
Samuel Avnet, M.D.
Richard R. McCormack, M.D.
Jeanne R. Pamilla, M.D.
Paul M. Pellicci, M.D.
Thomas P. Sculco, M.D.
Konstantin P. Velis, M.D.
Thomas L. Wickiewicz, M.D.

GRADUATE STAFF
Surgeons
Stephen C. Allen, M.D.
Daniel A. Dethmers, M.D.
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Laura B. Flawn, M.D.
Ivan D. Gowan, M.D.
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Shepard R. Hurwitz, M.D.
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Thomas J. Nordstrom, M.D.
Gary J. Savatsky, M.D.
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Michael Soudry, M.D.
Eleby R. Washington, M.D.
Assistant Surgeons
Wendall W. Adams, Jr., M.D.
Oheneba Boakye-Adjei, M.D.
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Cathleen L. Raggio, M.D.
Robert E. Schwartz, M.D.
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Dennis J. Sullivan, M.D.
Kevin G. Vesey, M.D.
Michael G. Zahn, M.D.

Plastic Surgery

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Randolph H. Guthrie, Jr., M.D.
James W. Smith, M.D.
Assistant Attending Surgeons
Robert L. Cucin, M.D.
Joseph Feinberg, M.D.
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Kenneth O. Rothaus, M.D.
Robert G. Schwager, M.D.
B. Donald Sklansky, M.D.
Randall Yetman, M.D.
Clinical Affiliates
Danica Kovachev, M.D.
Edward W. Powers, M.D.

GRADUATE STAFF
Surgeons
Gary S. Bromley, M.D.
Nguyen B. Trung, M.D.
Frank A. Veteran, M.D.
Assistant Surgeons
Joseph M. Pober, M.D.
Farhad Rafizadeh, M.D.
Farrokh Shafaie, M.D.

Urology

MEDICAL STAFF
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E. Darracott Vaughn, Jr., M.D.
Attending Surgeons
John W. Draper, M.D.

John G. Keuhnelian, M.D.
Russell W. Lavengood, Jr., M.D.
Victor F. Marshall, M.D.
John H. McGovern, M.D.
Edward C. Muecke, M.D.
Willet F. Whitmore, Jr., M.D.
John J. Williams, M.D.

Associate Attending Surgeons

John W. Coleman, Jr., M.D.
Harry W. Herr, M.D.
David T. Mininberg, M.D.
Jon M. Reckler, M.D.

Assistant Attending Surgeons

John A. Fracchia, M.D.
Marc Goldstein, M.D.
James P. McCarron, Jr., M.D.
Thomas P. McGovern, M.D.
Piero O. Niceta, M.D.
W. Reid Pitts, Jr., M.D.
Robert A. Riehle, Jr., M.D.
Anthony N. Spinelli, M.D.

Clinical Affiliates

John Byrne, M.D.
Robert S. Waldbaum, M.D.
Stuart E. Katz, M.D.

GRADUATE STAFF

Clinical Fellow

Ganesan Gnanasekaram, M.D.

Surgeons

Richard E. Greenberg, M.D.
Arthur R. Israel, M.D.

Assistant Surgeons

Jack Dwosh, M.D.
Kenneth R. Kurz, M.D.
Brian Saltzman, M.D.
Steven M. Schlossberg, M.D.
R. Ernest Sosa, M.D.
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David V. Becker, M.D.

CARDIAC CATHETERIZATION, ADULT
Jeffrey Borer, M.D.

CARDIAC CATHETERIZATION, PEDIATRICS
Aaron R. Levin, M.D.

CARDIAC GRAPHICS, ADULT
Paul B. Kligfield, M.D.

CARDIAC GRAPHICS, PEDIATRICS
Kathryn H. Ehlers, M.D.

ELECTROENCEPHALOGRAPHY
Gail E. Solomon, M.D.

NUCLEAR MEDICINE
David V. Becker, M.D.

PEDIATRIC EXERCISE
Arthur A. Klein, M.D.

PULMONARY FUNCTION
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James P. Smith, Jr., M.D.

APOTHECARY-IN-CHIEF
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Division of Nursing

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Helen Van Shea, M.A., R.N.

Assistant Director for Quality Assurance

Janet McBride, M.A., R.N.

Assistant Director for Recruitment/Retention

Linda Pfingsten, M.S., R.N.

Assistant Director of Nursing Service

Carolyn Wagner, M.A., R.N.

Assistant Director of Nursing Service for Staff Education

Edna L. Danielsen, M.A., R.N.

Director of Psychiatric Nursing Service Payne Whitney Psychiatric Clinic

Kenneth Larson, M.A., R.N.

Executive Assistant Director for Education Programs

Louise S. Hazeltine, M.A., R.N.

Nursing Department Head, School of Continuing Education

Nina Argondizzo, M.A., R.N.

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Karen Kirschner, M.S., R.N.
Medical Nursing

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Burn and Emergency Nursing Services (Acting)

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Gladys T. Jones, M.S., R.N.
Operating Room/Recovery Room Nursing

Laura L. Simms, Ed.D., R.N.
Surgical Nursing

Marie D. Strickland, M.Ed., R.N.
Obstetrical/Gynecological and Pediatric Nursing

Carolyn Wagner, M.A., R.N.
Ambulatory Care Nursing

Basic Science Departments, Cornell University Medical College

Biochemistry

Chairman

Alton Meister, M.D.
Israel Rogosin Professor of Biochemistry

Professors of Biochemistry

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Richard I. Soffer, M.D. (medicine)
Kurt H. Stenzel, M.D. (surgery)

Adjunct Professors of Biochemistry

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Sidney Udenfriend, Ph.D.

Associate Professors of Biochemistry

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Owen W. Griffith, Ph.D.
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Daniel Wellner, Ph.D.
Kenneth R. Woods, Ph.D.

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Gordon F. Fairclough, Ph.D.
Jerald D. Gass, Ph.D.
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Martha Eibl-Sebestyen, M.D.
Helena Gilder, M.D.
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Hamza El-Dorry, Ph.D.
Marilena Fotino, M.D. (surgery)
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David Hajjar, Ph.D. (pathology)
Bruce R. Leslie, M.D. (surgery)
Sue G. Powers-Lee, Ph.D.
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M. Suthanthiran, M.B.B. (surgery)
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(Joseph C. Hinsey Professor of Anatomy)

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Adjunct Associate Professor of Cell Biology and Anatomy
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Barry B. Kaplan, Ph.D.
Joel Pardee, Ph.D.
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Robert G. Schwager, M.D.
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Research Associates in Cell Biology and Anatomy
Victor DeLeon, Ph.D.
Gail Kaplan, Ph.D.
Senior Lecturer in Cell Biology and Anatomy
Daniel Gomez, Ph.D.
Lecturers in Cell Biology and Anatomy
Domenick Falcone, Ph.D.
Jacqueline M. S. Winterkorn, Ph.D.
Post-Doctoral Associates in Cell Biology and Anatomy
Barbara Payton, Ph.D.
Anuradha D. Saad, Ph.D.
Teruo Shimizu, M.D., Ph.D.
Miryam Wahrman, Ph.D.
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John M. Matyas, B.A.
Fernando Reinach, M.S.
Graduate Research Assistant in Cell Biology and Anatomy
David Batter, B.S.
Staff Associate in Cell Biology and Anatomy
James Dennis, M.A.

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Adjunct Associate Professor of Microbiology
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Assistant Professor of Microbiology
Jan S. Keithly, Ph.D.
Lecturer in Microbiology
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Rebeca Rico-Hesse, B.S., M.P.H.
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Michiko Okamoto, Ph.D.
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Henn Kutt, M.D. (neurology)
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Hazel H. Szeto, M.D., Ph.D.
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Emanuel Gunberg, Ph.D.
O. Neal Miller, Ph.D.
Adjunct Associate Professor of Pharmacology
Barry A. Berkowitz, Ph.D.
Adjunct Assistant Professors of Pharmacology
Karl E. Anderson, M.D. (medicine, Rockefeller)
Arthur J. Blume, Ph.D.
Robert Lahita, M.D. (Rockefeller)
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Assistant Professors of Pharmacology (Joint Appointments)
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Robert W. Grady, M.D. (pediatrics)
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Indira Sen, Ph.D. (medicine)
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James Burke, Ph.D.
L. Michael Graver, M.D. (surgery)
Steven S. Gross, Ph.D.
Yuchi Hattori, M.D.

Robert B. Meyer, M.D.
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Richard Payne, M.D. (medicine)
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Byron Yoburn, Ph.D.

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Beverley Lorenzo, B.S.
Srinivas Rao, M.S.
Kathy Restivo, M.S.

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Research Professor of Physiology in Medicine

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Daniel Gardner, Ph.D.
Chin O. Lee, Ph.D.

Clinical Associate Professors of Physiology

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Sulamita Baruch, M.D.

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Jean-Luc Mazet, M.D. (visiting)
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Hyung C. Park, Ph.D.
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Janet Sparrow, Ph.D.

Fellow in Physiology

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Public Health

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(Livingston Farrand Professor of Public Health and Preventive Medicine)

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Farrington Daniels, Jr., M.D., M.P.H. (dermatology)
Ralph L. Engle, Jr., M.D.
Mary E. W. Goss, Ph.D. (sociology)
Thomas Jones, M.D.
Hirsch Ruchlin, Ph.D. (economics)
David Schottenfeld, M.D.

Professor of Clinical Public Health

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Eugene G. McCarthy, Jr., M.D., M.P.H.
Valerie Miké, Ph.D. (biostatistics)

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Betty J. Flehinger, Ph.D. (biostatistics)
Pascal J. Imperato, M.D.
Gerald Palevsky, Eng ScD., P.E. (engineering)
Alfred L. Sherzer, M.D.
Edward A. Wolfson, M.D., M.P.H.

Visiting Professor of Public Health

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Associate Professor of Public Health

Lewis M. Drusin, M.D., M.P.H.

Associate Professor of Clinical Public Health

Elizabeth T. Khuri, M.D.

Clinical Associate Professors of Public Health

Carl A. Berntsen, Jr., M.D.
Suzanne A. L. Howe, M.D., M.P.H.
Susan Anderson Kline, M.D.
Daniel G. Miller, M.D.
Alice Ullmann, M.S. (social work)

Adjunct Associate Professors of Public Health

Martin D. Hyman, Ph.D.
Mary J. Kreek, M.D.
Emil Pascarelli, M.D.

Assistant Professors of Public Health

Steven Blum, Ph.D.
Gilbert Botvin, Ph.D.
Mary E. Charlson, M.D.
Madelon L. Finkel, Ph.D.
Linda Gerber, Ph.D.
James H. Godbold, Jr. Ph.D.
Shanta Madhaven, Ph.D.
Kenneth Tardiff, M.D., M.P.H.
Ann G. Zauber, Ph.D. (biostatistics)

Clinical Assistant Professors of Public Health

Gabriele Bondi, M.D., M.P.H.
Robert L. Braham, M.D.
Cladd E. Stevens, M.D., M.P.H.
Carol W. Wilkinson, M.D., M.S.P.H.
Edith Zang, Ph.D.

Adjunct Assistant Professor of Public Health

William Loery, M.D., M.P.H.

Visiting Lecturer

Cynthia Hosay, Ph.D.

Instructor in Public Health

Angela R. Falcone, M.P.H.

Clinical Instructors in Public Health

Ross B. Brower, M.D.
Judith Herzig, MB.B

Research Associates in Public Health

Eli Baker, Ph.D.
Robert Brody, M.P.H.
Toni Davis, M.A.
Charlotte M. Hamill, M.A., MSSW
Laurie Melcher, M.P.H.
Nancy Renick, M.S.
Mary Ellen Warshauer, M.A.

Staff Associates in Public Health

Lucille Farace, M.S., R.N.
Steven Mills, M.P.H.
Michael Weisel, M.S.W.

Teaching Associates in Public Health

Lora Glass, M.S.W.
Martha Hickerson, M.S.W.
Andrea Scheidt, M.P.H.

DEATHS

We record with sadness the passing during 1982 of the following members of the center's professional staff and faculty:

Nathan Epstein, M.D.
Attending Pediatrician

Frank N. Glenn, M.D.
Attending Surgeon

Harry H. Moorhead, M.D.
Assistant Attending Psychiatrist

William F. Scherer, M.D.
Chairman, Department of Microbiology

William D. Stubenbord, M.D.
Honorary Staff (Medicine)

Preston A. Wade, M.D.
Honorary Staff (Surgery)

A GIFT TO THE NEW YORK HOSPITAL – CORNELL MEDICAL CENTER

For the Guidance of Your Attorney

Gifts and bequests are an important source of funding for the New York Hospital-Cornell Medical Center. A gift to the New York Hospital-Cornell Medical Center gives aid to the ill and the distressed, supports programs that educate doctors for the future, and makes possible research to stamp out disease, helping people today and generations yet unborn.

The medical center encourages gifts without restriction so as to permit greater facility in planning and administering its extensive and complex programs of patient care, medical education and research.

If a bequest is made to the medical center, the language may be "I give and bequeath to The New York Hospital-Cornell Medical Center Fund Inc. the sum of $_____."

Gifts may be made in a number of ways, such as by money (check or cash), by securities, by testamentary devise (land) or by intervivos or testamentary trust.

Because the institutions constituting the New York Hospital-Cornell Medical Center are voluntary, non-profit institutions (the New York Hospital and Cornell University Medical College) contributing to the public welfare, gifts to the medical center by individuals or corporations are exempt from income, gift and inheritance taxes to the extent and in the manner provided by federal and state laws.

An estate affairs program has been established at the medical center. The program complements its traditional sources of philanthropic support by offering deferred-giving opportunities through charitable remainder trusts that can benefit donors as well as the medical center.

The suggested terminology for an unrestricted devise or bequest to the New York Hospital is: "I give, devise and bequeath to The Society of the New York Hospital, a corporation created by Royal Charter granted by King George III in 1771 and located in New York City, New York . . . (description of the property) to be used by the Board of Governors for its general corporate purposes."

If a bequest is made to the medical college, the language may be: "I give and bequeath to Cornell University the sum of $_____ for use in connection with its Medical College in New York City."

If it is desired that a gift or bequest shall be used in whole or in part for any specific purpose in connection with the hospital, medical college or medical center, such use may be specified.

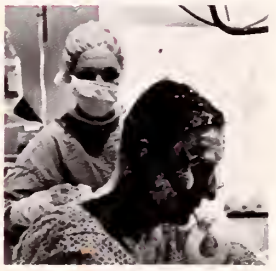
Further information about making a gift to the hospital may be obtained from the Office of the Secretary, The Society of the New York Hospital, 525 East 68th Street, N.Y., N.Y. 10021 (472-5645). Further information about making a gift or bequest to the medical college may be obtained from the Secretary of the Cornell University Medical College, 1300 York Avenue, Room F-100, N.Y., N.Y. 10021 (472-8397).

Inquiries about gifts to the Medical Center Fund Inc. can be directed to either of the above or to Mr. Frank Markoe, Executive Director of Development and Public Affairs, 525 East 68th Street, Room W-115, N.Y., N.Y. 10021 (472-5548).

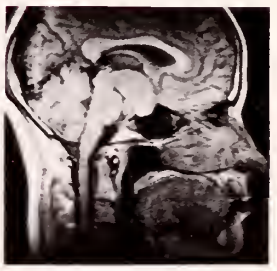
HE NEW YORK HOSPITAL – CORNELL MEDICAL CENTER

525 East 68th Street
New York, N.Y. 10021

New Facilities, New Research, and New Linkages



Extend the Compass of the Medical Center



A Growing Network of Linkages

York Avenue Institutions

Located in the immediate vicinity of the medical center and having many administrative and programmatic interactions with the center

The Hospital for Special Surgery

Memorial Sloan-Kettering Cancer Center

The Rockefeller University

Institutional Affiliates

Institutions affiliated with the medical center and collaborating in a wide variety of programs in patient care, education, and research

Burke Rehabilitation Center
White Plains, N.Y.

Catholic Medical Center of Brooklyn and Queens

LaGuardia Hospital
Forest Hills, N.Y.

North Shore University Hospital
Manhasset, N.Y.

Rogosin Institute
New York, N.Y.

St. Barnabas Hospital
Bronx, N.Y.

Will Rogers Institute
White Plains, N.Y.

Departmental and Service Affiliates

Hospitals and organizations having agreements or cooperative programs with one or more departments of the medical center. The main purposes served are to facilitate referral of difficult or complex cases to the center; to participate in the training of medical students and house staff; and to bring center physicians to the hospitals to lecture on new developments in medicine.

Alexian Brothers Hospital
Elizabeth, N.J.

Arden Hill Hospital
Goshen, N.Y.

Boulevard Hospital
Woodside, N.Y.

Julia L. Butterfield Memorial Hospital
Cold Springs, N.Y.

Doctor's Sunnyside Hospital
Port Jervis, N.Y.

Englewood Hospital
Englewood, N.J.

Good Samaritan Hospital
Suffern, N.Y.

Highland Hospital
Beacon, N.Y.

The Elizabeth A. Horton Memorial Hospital
Middletown, N.Y.

Stanley M. Isaacs Houses
New York, N.Y.

Jamaica Hospital
Jamaica, N.Y.

Lawrence Hospital
Bronxville, N.Y.

Lenox Hill Hospital
New York, N.Y.

Lenox Hill Neighborhood Association
New York, N.Y.

Lexington School for the Deaf
New York, N.Y.

Lutheran Medical Center
Brooklyn, N.Y.

Mount Vernon Hospital
Mount Vernon, N.Y.

New Rochelle Hospital
New Rochelle, N.Y.

Northern Westchester Hospital
Mount Kisco, N.Y.

Nyack Hospital
Nyack, N.Y.

Parents' Place
White Plains, N.Y.

Peekskill Hospital
Peekskill, N.Y.

Phelps Memorial Hospital
North Tarrytown, N.Y.

Putnam Community Hospital
Carmel, N.Y.

St. Agnes Hospital
White Plains, N.Y.

St. Anthony Community Hospital
Warwick, N.Y.

St. Christopher's — Jennie Clarkson Child Care Services
Valhalla, N.Y.

St. Francis Hospital
Port Jervis, N.Y.

St. John's Episcopal Hospital
Smithtown, N.Y.

St. John's Riverside Hospital
Yonkers, N.Y.

St. Joseph's Hospital
Paterson, N.J.

St. Luke's Hospital
Newburgh, N.Y.

Smithtown General Hospital
Smithtown, N.Y.

United Hospital
Portchester, N.Y.

Vassar Brothers Hospital
Poughkeepsie, N.Y.

White Plains Hospital Medical Center
White Plains, N.Y.

Yonkers Public Schools
Yonkers, N.Y.

Youth Consultation Service
White Plains, N.Y.

The Society of the New York Hospital

1983 Annual Report

MORE THAN TWO CENTURIES OF CARE

In the year 1771, "sundry publick-spirited persons influenced by the spirit of benevolence," petitioned King George III of England for a charter of incorporation, the purpose being to establish for the first time in the City of New York, "a publick hospital, one of the most useful and charitable institutions."

The charter was granted, and the New York Hospital came into being, operated by the Society of the New York Hospital through its board of governors, all private individuals donating their time and energy to the endeavor. It stands today as living testimony to the spirit of man's humanity to man.

A non-profit institution, the hospital has extended its healing hand to ten generations of Americans and cared for more than five million sick people.

From the beginning the hospital was interested in the mentally ill. In 1821 a new division called Bloomingdale Asylum was opened on Upper Broadway to care for psychiatric patients. Later the institution moved to White Plains, New York, where it is now known as the New York Hospital-Cornell Medical Center, Westchester Division.

In 1877, the hospital moved from lower Manhattan to Sixteenth Street. Affiliation with Cornell University Medical College in 1912 furthered the hospital's goal of becoming one of the world's greatest teaching institutions. The hospital moved to its present site in 1932, joining with Cornell as a partner in the New York Hospital-Cornell Medical Center. Today the center ranks as one of the major health-care complexes in the nation.

Throughout its history, the New York Hospital has adhered to a four-fold goal — care of the sick, research, teaching and preventive medicine.

Report from the President and Director

The year just past marked significant progress in the initial phases of a ten-year forward plan to continue excellent medical service to the community and the advancement of medical research and education at the New York Hospital-Cornell Medical Center.

The financial results for 1983 were comparable to those for the previous year. Including the Westchester Division, the New York Hospital lost $4.41 million from operations during 1983, but investment income in addition to unrestricted gifts and donations resulted in net income of $2 million, or $500,000 over the net income for 1982.

Occupancy rates were down modestly for the year. However, since January these have recovered to 90 percent, which is slightly above the rates of previous years. Programs to maintain costs at regulated levels of reimbursement are in effect.

Construction of the C.V. Starr Pavilion continues on schedule. This 11-story addition to our present building greatly strengthens the hospital's program in outpatient care so important to cost-effective medicine. Occupancy will begin in 1984.

The Hermine Neustadl Stich High Intensity Radiation Therapy Center was built in 1983, adding another facet to the close relationships the hospital enjoys with its neighboring institutions — in this case, with Memorial Sloan-Kettering Cancer Center. Because of increased use of radiation therapy in the treatment of cancer, the facilities at Memorial Sloan-Kettering, which it shares with the New York Hospital, were overburdened. By building the Stich Center, the New York Hospital is ensuring that its patients will continue to have immediate access to this vital therapy. However, the superb professional staff of Memorial Sloan-Kettering will continue to treat patients in this new facility, sparing the New York Hospital the cost of building up a department of its own for this purpose.

Outmoded facilities on the third floor of the "N" Building were converted through the generosity of the Dyson Foundation into the most modern pediatric intensive care unit in the New York area. On the roof of the same building, the unique and beautiful Warner Communications Child Life Center was constructed to provide hospitalized children an area for social, recreational and cultural activities.

The New York Hospital has entered into a contract with the Robert Martin Company to plan the development of 175 acres of surplus property surrounding the Westchester Division, in White Plains, New York. Effective management of all available resources must be an objective in maintaining the hospital's long-term viability at a time when our nation is coming to grips with an unacceptable rise in the cost of health care. We are confident that this objective can be realized in a development plan that will maintain the quality of patient care and respond to the needs of Westchester residents.

The public expects academic centers like ours to continue to furnish the leadership and creativity essential to medical progress. The challenge is to do so in the context of a changing economic order in health care. Events of the past year serve to renew confidence that we are equal to the task.

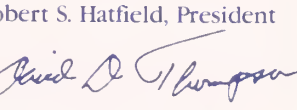
We are encouraged and strengthened by our growing network of affiliations with other health care institutions in the Greater New York area. The role of academic medical centers such as ours is not only to help the immediate community meet its general health care requirements, but also to accept responsibility for the complex and difficult medical cases arising regionally. By placing increased emphasis on outpatient facilities and ambulatory surgery service for the community, we will increase our capacity to treat inpatient tertiary-care cases. Our new relationships with the Catholic Medical Center of Brooklyn and Queens and with the 911 and trauma services in New York City are examples of this expanding role.

The New York Hospital some 57 years ago entered into partnership with the Cornell University Medical College to form the New York Hospital-Cornell Medical Center. This enduring union, which over the years has made so many remarkable contributions to the advancement of medical education, research, and patient care, was strengthened significantly in 1983 by a magnificent donation of $50 million to the medical college through the generosity of an anonymous benefactor. This gift also enabled the medical center to reach its $125 million goal for the initial phase of its fundraising campaign a year and a half ahead of schedule. Consistent with the forward plan, we have inaugurated the final $175 million phase of the capital campaign, to be completed in 1987. The total goal for both campaign phases is $300 million.

On behalf of the board of governors, we thank all of the people of the hospital for their efforts in 1983. Your continuing dedication and splendid talents are the source of our strength and of our capacity to serve.

Respectfully submitted,

Robert S. Hatfield, President



David D. Thompson, M.D., Director

Financial Summary

Statements of Revenues and Expenses and Changes in Unrestricted Fund Balances

For the Years Ended December 31, 1983 and 1982
(000's omitted)

	1983					
	Operating	Nonoperating	Plant	Board Designated	Total	1982 Total
Operating Revenues:						
Net revenue from patient care	$237,535	$ —	$ —	$ —	$237,535	$217,788
Revenue from other services	8,923	—	—	—	8,923	7,766
Transfer from specific-purposes funds for support of related activities	5,403	—	—	—	5,403	3,816
Total operating revenues	251,861	—	—	—	251,861	229,370
Operating Expenses:						
Salaries and payroll-related costs	177,667	—	—	—	177,667	158,737
Supplies and other expenses	73,449	—	—	—	73,449	69,900
Provision for depreciation	5,159	—	—	—	5,159	5,270
Total operating expenses	256,275	—	—	—	256,275	233,907
Loss from operations	(4,414)	—	—	—	(4,414)	(4,537)
Nonoperating Revenues:						
Interest and dividends	—	2,423	—	—	2,423	2,849
Contributions and bequests	—	606	—	—	606	1,893
Gain on sale of property	—	155	—	—	155	626
Net gain on sale of investments	—	2,361	—	—	2,361	226
Distributions from charitable organizations	—	859	—	—	859	469
Total nonoperating revenues	—	6,404	—	—	6,404	6,063
Revenues in excess of (less than) expenses	(4,414)	6,404	—	—	1,990	1,526
Fund Balance, beginning of year	30,644	—	92,603	899	124,146	120,345
Transfers from (to) restricted funds—	—	—	—	—	—	—
Plant additions funded by restricted funds	—	—	2,425	—	2,425	7,531
Affiliated organization	—	—	464	—	464	—
Segregation of assets for plant replacement and expansion required by third-party reimbursers	(5,159)	—	5,159	—	—	(5,270)
Intrafund Transfers—						
Plant additions funded by operations	(2,630)	—	2,630	—	—	—
Depreciation of plant	6,054	—	(6,054)	—	—	—
Support of general operations	6,404	(6,404)	—	—	—	—
Mortgage payments	(883)	—	883	—	—	—
Other	—	—	—	15	15	14
Fund Balance, end of year	$ 30,016	$ —	$98,110	$914	$129,040	$124,146

Statements of Changes in Restricted-Fund Balances

For the Years Ended December 31, 1983 and 1982
(000's omitted)

	Plant Replacement and Expansion	Specific Purposes	Endowments	Total
Balances, December 31, 1981	$1,210	$28,262	$19,490	$48,962
Contributions and bequests	219	6,488	611	7,318
Restricted investment income—				
Interest and dividends	77	2,639	—	2,716
Net gain on sale of securities	24	556	353	933
Transfers from (to) unrestricted funds—				
Plant additions funded by restricted funds	(183)	(2,078)	—	(2,261)
Support of related activities and free care	—	(4,066)	—	(4,066)
Balances, December 31, 1982	1,347	31,801	20,454	53,602
Contributions and bequests	14	9,476	525	10,015
Restricted investment income—				
Interest and dividends	57	1,966	—	2,023
Net gain on sale of securities	224	3,996	3,182	7,402
Transfers from (to) unrestricted funds—				
Plant additions funded by restricted funds	(103)	(2,322)	—	(2,425)
Support of related activities and free care	—	(4,721)	—	(4,721)
Transfer to The Society of the New York Hospital Fund, Inc.	(1,539)	(40,196)	(24,161)	(65,896)
Balances, December 31, 1983	$ -0-	$ -0-	$ -0-	$ -0-

Governance, 1984

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1961—1965, Life Governor
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1966—1974, Life Governor
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1975—1980, Governor

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Executive Associate Director, Administrative and Financial Services
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Executive Associate Director, General Services
Deborah Fuller
Senior Associate Director, Human Resources
Frank Ravenna,
Senior Associate Director, Finance
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For further information, please consult the office of the secretary of the Society:

Secretary
The Society of the New York Hospital
525 East 68 Street
New York, NY 10021
212-472-5645

Contents

Photography
Chief photographer: Ed Lettau
Other photographs by Impact Photo and Lisa Sheble

More than one fourth of the patients treated in our New York Division today are referred here from outside the city through affiliations or associations. This means not only that patients from a wide area benefit from our special services, but that we contribute significantly to an important sector of the New York City economy as well."

The year just past marked significant progress in the initial phases of a ten-year forward plan to continue excellent medical service to the community and the advancement of medical research and education at the New York Hospital-Cornell Medical Center.

Financially, the medical college balanced expenses with revenues. Research funding was at $32 million, with a rise in private support virtually offsetting a decrease in federal funding. Including the Westchester Division, the New York Hospital lost $4.4 million from operations, but interest and other income gave the hospital a net profit of almost $2 million.

The single most important event of the year was the magnificent donation of $50 million to Cornell University Medical College by an anonymous benefactor, which enabled the medical center to reach the $125 million goal of the initial phase of its fundraising campaign a year and a half ahead of schedule. This unparalleled generosity enables the medical college to chart with solid confidence a leadership course in medical research and education. Using our long-range planning system, we inaugurated the final, $175 million phase of the capital campaign, to be concluded in 1987. The total goal for both campaign phases is $300 million.

Construction of the C.V. Starr Pavilion continues on schedule. This 11-story addition to our present building greatly strengthens the medical center's program in outpatient care so important to cost-effective medicine. Occupancy will begin in June of 1984.

Construction of the Hermine Neustadtl Stich Radiation Therapy Center was completed in 1983. Built to meet a growing demand for sophisticated radiation treatment for cancer, the Stich Center will be operated in collaboration with our neighbor Memorial Sloan-Kettering Cancer Center — adding another facet to the close relationship this medical center has with our neighboring institutions, including the Hospital for Special Surgery and the Rockefeller University.

Outmoded facilities on the third floor of the "N" Building were converted, through the generosity of the Dyson Foundation, into the most modern pediatric intensive care unit in the New York area. On the roof of that same building, the unique and beautiful Warner Communications Child Life Center was constructed to provide hospitalized children an area for social, recreational and cultural activities.

The New York Hospital has entered into a contract with the Robert Martin Company to plan the development of 175 acres of surplus property surrounding the Westchester Division, in White Plains, New York. Effective management of all available resources must be an objective in maintaining the hospital's long-term economic viability at a time when our nation is coming to grips with an unacceptable rise in the cost of health care. We are confident that this objective can be realized in a development plan that responds to the needs of Westchester residents.

Major changes are occurring nationally in the economic order of health care. In large part, they derive from two imperatives — to avoid hospitalizing patients whenever possible and, when inpatient care is necessary, to provide this at the minimum cost consistent with quality. New systems of reimbursement, the growth of freestanding centers for walk-in care, the increasing collaboration of medical institutions, the growth of preferred provider organizations and health maintenance organizations, more carefully administered ancillary services — all represent responses to these imperatives.

The public expects academic centers like ours to continue to furnish the leadership and creativity essential to medical progress. Our challenge is to do so in the context of a changing economic order. The events of the past year serve to renew confidence in our capacity to continue to play this indispensable role.

We are also encouraged and strengthened by our growing network of affiliations. The agreement announced early in 1984 between New York Hospital-Cornell Medical Center and the Catholic Medical Center of Brooklyn and Queens further extends our skills and knowledge to patients outside our immediate neighborhood in a community setting with significant racial and socioeconomic diversity.

With regard to the general subject of institutional relations, it is well worth noting, I think, that more than one fourth of the patients treated in our New York Division today are referred here from outside the city through affiliations or associations. This means not only that patients from a wide area benefit from our special services, but that we contribute significantly to an important sector of the New York City economy as well. Referral of patients from outside the city to hospitals here — most commonly to academic centers — adds many hundreds of millions of dollars to the city's economy and supports health-care employment, currently the third largest sector of employment in the city.

Academic medicine has also been identified as a latent resource for the city as it seeks to stimulate commercial applications of high technology. Ongoing initiatives linking the university, medical and business communities offer an intriguing potential to enhance not only the city's economy but its reputation as a leading world center.

The many people who give of themselves and their resources to the New York Hospital-Cornell Medical Center are responsible for our good works. On behalf of the governors and the management of the center, I extend special thanks to them for their efforts during 1983.

Respectfully submitted,

Robert S. Hatfield

"It is clear that regional and state plans will give renewed emphasis to the role of academic medical centers, like New York Hospital-Cornell, as regional institutions — that is, institutions serving a region considerably larger than their immediate communities and maintaining affiliations with a whole network of institutions."

A major undertaking of the medical center has been to inaugurate a program of long-range planning to help clarify our goals and our capacity to meet them. Late in 1982 these efforts were summarized in a planning document. During the past year, the office of planning has gone back to the departments to update their plans and refine the aspects of the plan relating to finances and facilities. This effort will continue during 1984.

Meanwhile, construction has moved ahead on the C.V. Starr Pavilion, and, as a state-imposed moratorium on capital spending comes to an end, we look ahead to approval of other construction and renovation vital to our future. In addition, new appointments to our professional staff provide us with great new strength. In the department of medicine, three division heads were appointed, Dr. David Zakim, the Vincent Astor Distinguished Professor of Medicine, who heads the division of digestive diseases; Dr. Marvin Gershengorn, who heads the division of endocrinology; and Dr. Henry W. Murray, our new division head for infectious disease. In the department of surgery, Dr. Cleon Goodwin was appointed director of the burn center.

Of course, institutional planning does not take place in a vacuum. Key to our plans has been the question of how our aspirations and capabilities fit in with the needs of the city, state, and region. It is, therefore, of great importance to us that the Health Systems Agency of New York City, one of eight such agencies in the state, recently submitted its long-range regional plan to Albany. The state is now reviewing the plans of all eight agencies, which collectively will be the basis for its own long-term planning in health care.

While details remain to be elaborated, it is clear that regional and state plans will give renewed emphasis to the role of academic medical centers, like New York Hospital-Cornell, as regional institutions — that is, institutions serving a region considerably larger than their immediate communities and maintaining affiliations with a whole network of institutions.

The concept of regionalization is nothing new to us: over the past several decades, this center has built a network of affiliations that now extends to some 40 institutions. Closest at hand are the group clustered in our immediate neighborhood, with whom we have many collaborative programs. Somewhat further removed are hospitals and organizations that are essentially teaching affiliates — for example, North Shore University Hospital, which is of great importance to the medical college's instructional programs. Finally, some 30 additional hospitals, located as far away as upper Dutchess County and Bergen County, have formal or cooperative agreements with the center, chiefly to facilitate referral of patients requiring advanced or specialized care.

The plans now being evolved by city and state agencies will, we expect, accentuate the trend toward regionalization.

One aspect of this trend involves committing resources of academic medical centers to help strengthen critical programs of institutions in low-income areas. For some years, the department of surgery of the New York Hospital-Cornell Medical Center has been involved in providing trauma care to patients at Jamaica Hospital in Queens, and within the past year programs in medicine, obstetrics and gynecology, pediatrics and pathology have been added. The center's affiliation with the Catholic Medical Center of Brooklyn and Queens, announced on March 1, 1984, represents a further commitment to help bring quality care to medically underserved areas.

Another major concern of regional and state agencies is that expensive clinical services be apportioned in the most efficient way. This must be a fundamental responsibility of all leaders in the health field, whatever their institutional or organizational affiliation. The recent completion of our Stich Radiation Therapy Center is an excellent example of rational resource planning. Because of increased use of radiation therapy in the treatment of cancer, the facilities at Memorial Sloan-Kettering Cancer Center, which it shares with the New York Hospital, faced the prospect of being overburdened. By building the Stich Center, we are ensuring that patients of the New York Hospital will continue to have access to this life-saving therapy. The superb professional staff of Memorial Sloan-Kettering, under the leadership of Dr. Zvi Fuks, the new chairman of its department of radiation therapy, will continue to treat patients in this new facility, sparing us the expense and difficulty of building up a department of our own for this purpose.

In their effort to promote rational use of resources, public agencies seek to differentiate clinical medicine practiced at local community hospitals from that of academic medical centers. What this means is asking institutions like ours progressively to take on the complex and difficult medical procedures at which we excel. Considering that the trend of recent decades, however, is for community hospitals increasingly to provide advanced and complex services, achieving this differentiation may not be easy.

As this effort continues, a concern of ours is that people in our immediate community who look to us for general medical care will continue to be served. A principal goal of our long-range plan is to continue to provide this service — in part through increased outpatient care or day-hospital care — while ensuring that beds are also available for more complex cases.

Respectfully submitted,

David D. Thompson

David D. Thompson, M.D.

The medical college is cooperating with its expanding network of affiliated hospitals to offer financial incentives to students who will agree to accept full-time positions in the clinics of these hospitals for two to four years after completing residency training. In return, the college will forgive loans made to these students during medical school."

The increasing cost of health care remains a troublesome issue for the nation's public officials and health professionals. Americans spent about $360 billion on health care in 1983, or roughly 10.4 percent of the gross national product. Although no national consensus has been reached on precisely what percentage of the gross national product should be devoted to the prevention and treatment of illness, these costs have become an urgent concern because they have been growing at a rate significantly higher than the general rate of inflation

Many studies have shown that the number of practicing health-care professionals — and especially the number of physicians — has a critical effect on the total cost of health care in our society. Contrary to the classical economic model, increasing the number of physicians raises the aggregate cost of health care. Thus, planners and policymakers eager to contain costs naturally are concerned that the best contemporary studies of physician manpower project an oversupply of 70,000, or about 13 percent, in the United States by 1990.

A surplus of physicians is not foreseen for every geographic region or medical specialty. The oversupply will be particularly great in the fields of radiology, neurosurgery, cardiology, rheumatology, neurology and endocrinology. In contrast, current estimates

predict a national shortage of physicians in the fields of public health, rehabilitation medicine, and psychiatry.

A similar pattern prevails in New York State, except that in New York City the surplus of medical and surgical specialists will be even greater. While the overall ratio of physicians to population in the state will be high, a shortage of doctors is projected for low-income urban areas, isolated rural areas and state prisons and psychiatric centers.

The anticipated surplus of physicians poses a significant challenge to the nation's medical schools, and many have already responded. At Cornell University Medical College, the following initiatives have been taken:

☐ The medical college has terminated its participation in the COTRANS program. This national program, in which many medical schools have participated, enables selected American students who have completed two to three years of pre-clinical training at foreign medical schools to transfer to American medical schools for two years of clinical education. For the past eight years, up to 10 students per year have been admitted to the third-year class at Cornell under this program. As a result of its termination, the number of physicians graduating from the medical college will be reduced by approximately 10 percent.

☐ The medical college has further strengthened its educational program for minority students, a program already recognized as one of the most successful in the nation. By expanding its financial aid resources, the college expects to be able to educate more minority physicians, many of whom have an interest in practicing in underserved areas.

☐ The medical college is cooperating with its expanding network of affiliated hospitals to offer financial incentives to students who will agree to accept full-time positions in the clinics of these hospitals for two to four years after completing residency training. In return, the college will forgive loans made to these students during medical school. This program seeks to increase the number of well-trained physicians in underserved areas of New York City, thereby improving the quality of health care in these areas.

As Cornell and other medical schools revise their programs to prepare for future needs, governmental agencies also must respond by withdrawing incentives to educate more physicians. New York State authorities should reduce and eliminate financial support for COTRANS and Fifth Pathway programs in the state's medical schools; should terminate educational contracts with out-of-state medical schools; should discontinue accrediting foreign medical schools, especially proprietary schools in the Caribbean; and should abandon plans to establish a new, four-year medical school in Queens.

To ensure a better distribution of physicians geographically and among medical specialties, New York State should attempt to educate and retain more physicians from minority and disadvantaged backgrounds by providing additional, targeted financial assistance to premedical and medical students. In addition, a new Health Service Corps for New York State could help to provide more physicians for underserved areas in the state.

The effort to address the anticipated surplus of physicians, especially in New York State, raises two major concerns. First, since many uncertainties are involved in making these projections of surplus physicians, individuals responsible for establishing policies must ensure that decisions based on these predictions utilize the best and most complete information. The system may be more self-regulating than realized and major shortcomings — for example, the lack of physicians in certain rural areas — may be largely alleviated as the number of doctors increases and as medical schools adjust to the evolving situation. A second, even more serious concern reflects a fear that public officials, attempting to manipulate the system of medical education, will overlook its great fundamental strengths. Thus, whatever changes are made in the system must reinforce its present high quality and must ensure its continuing ability to make major contributions to medical progress.

Fulfillment of these objectives requires the cooperation and support of state government together with the development and implementation of consistent policies among different state agencies. By working with Cornell and other New York State medical schools, state government not only can resolve the problems of physician manpower but also can ensure continued national leadership by the state in providing the highest quality medical education, medical research and health care.

For their parts, the boards, faculty, staff and students of Cornell University Medical College are committed to the achievement of excellence in their primary missions of medical education and research. The recent anonymous gift of $50 million to the medical college will further reinforce this commitment. This gift is the single most important event in the history of the medical college since its affiliation with New York Hospital over 50 years ago and reflects a unique dedication to public service by a caring and compassionate donor. These new funds will enable the medical college to sustain the high quality and diversity of its students, to strengthen its faculty — especially the junior faculty — and to develop new educational research programs in areas of great concern to human society. Everyone at the medical college regards this new gift as a tremendously exciting challenge and opportunity, but, most importantly, as a solemn responsibility. Used wisely, this gift will enable the medical college to greatly expand its efforts to advance knowledge and improve health care for all people.

Respectfully submitted,

Thomas H. Meikle, Jr., M.D.

"The total goal of $300 million represents one of the most significant programs [in fund-raising] undertaken by a major academic medical center. The extraordinary success of the last year and a half strengthens our firm belief that, with the help of all our friends, this challenge can be met."

The initial phase of the New York Hospital-Cornell Medical Center's capital gifts campaign, with a three-year objective of $125 million to be reached by June of 1985, was completed a year and a half ahead of schedule, at the end of 1983, thanks largely to the magnificent gift of $50 million to the medical college from an anonymous donor. We are deeply grateful to the many friends and supporters, including medical center physicians and members of our governing boards, who contributed enormously to our success.

The medical center has recently announced that it is moving into the concluding phase of the capital gifts campaign, details of which have been developed from the perspective of the center's long-range planning system, developed over the last three years through a generous grant from the Andrew W. Mellon Foundation. The goals and objectives of this phase have been reviewed and endorsed by our governing boards and the appropriate support groups, and committees are in place and have accepted the challenge.

This concluding phase, to be completed in 1987, has a goal of $175 million. Combined with the achievement of the first phase, the total goal of $300 million represents one of the most significant programs undertaken by a major academic medical center. The extraordinary success of the last year and a half strengthens our firm belief that, with the help of all our friends, this challenge can be met.

During 1983, gifts from individuals, in addition to our wonderful anonymous grant, totalled $8,778,118. This support included generous gifts from Mrs. Helen W. Buckner, Mr. and Mrs. Bernard Chaus, Prince Abdullah Faisal of Saudi Arabia, Mrs. Isabelle Leeds, Peter S. Kalikow, Mr. and Mrs. Milton Petrie, Mr. and Mrs. Samuel A. Seaver, Miss Josephine Sokolski, Stephen and Suzanne Weiss, and two anonymous donors.

A total of $1,630,569 in bequests and deferred gifts was contributed to the medical center. This included $1,043,411 for the New York Hospital, and $587,158 for the Cornell University Medical College. The hospital and college received $2,250,000 in new documented bequests and deferred-gift commitments.

Once again, the foundation community responded generously to the needs and opportunities at the medical center and contributed $9,529,530. Support from foundations included $2 million from the C.V. Starr Foundation for the New York Hospital; $1,010,000 from the Andrew W. Mellon Foundation for faculty development in the department of medicine and for research in the department of obstetrics and gynecology; and $537,500 from the Hearst Foundations for laboratory renovation and equipment within the department of microbiology and the research needs of the perinatology center.

Other grants totalling $5,117,802 were received from the following foundations:

George F. Baker Trust
Louis Calder Foundation
Children's Blood Foundation
James J. Colt Foundation
Charles Engelhard Foundation
William T. Foley Foundation
Horace Goldsmith Foundation
William T. Grant Foundation
Gladys and Roland Harriman Foundation
John A. Hartford Foundation
Heckscher Foundation for Children
Harry B. Helmsley Foundation
B.H. Homan, Jr. Charitable Trust
Carl C. Icahn Foundation
Robert Wood Johnson Foundation
Jacob and Valeria Langeloth Foundation
J. M. McDonald Foundation
McKnight Foundation
Kathryn and Gilbert Miller Fund, Inc.
Norman M. Morris Foundation

New York Firefighters Burn Center Foundation
Oxnard Foundation
William S. Paley Foundation
Rockefeller Brothers Fund
Rockefeller Foundation
Rosenfeld Heart Foundation
Schiff Foundation
Jennifer Jones Simon Foundation
Sinsheimer Fund
Surdna Foundation
Isaac H. Tuttle Fund
Frederick J. and Theresa Dow Wallace Fund
Whitaker Foundation
Harry Winston Research Foundation
Marie and John Zimmermann Fund.

Corporate contributions totalled $4,024,131 in 1983, with the following firms providing pace-setting support: American Cyanamid Co., American Hoechst Corp., General Foods Corporation, Hoffman-LaRoche, Inc., Eli Lilly and Company, Merck and Co., Neo-Bionics, Inc., Personal Products, Richardson-Vicks, Inc., Smithkline Beckman Corp., E. R. Squibb and Sons, Inc. They accounted for $1,794,567 in commitments.

Research grants from corporations, foundations, and individuals totalled $8,507,323 in 1983. This result was achieved largely through the aggressive efforts of the medical center's physicians and scientists in behalf of outstanding research programs.

The medical center raised $2,874,680 in annual unrestricted giving for 1983, a 48 percent increase over 1982. Partners in Medicine, donors of $1,000 or more, were an important factor in this increase. The Cornell University Medical College Fund reported a total of $542,426 in both restricted and unrestricted support for 1982-1983, most of this coming from alumni of the medical college. The total represents a 12 percent increase over that of 1981-82. Additionally, the medical college's Parents Fund raised $23,080 from 107 donors in 1982-83.

Cabaret!, an annual benefit for the medical center, was an enjoyable evening and a great financial success. Held in the Waldorf Astoria's grand ballroom in January 1984, with Bob Hope headlining the evening's entertainment, it was co-chaired by Mrs. Daniel P. Davison and Walter B. Wriston and grossed nearly $1.1 million.

In April and November, Dr. Robert Michels, chairman of the department of psychiatry, presided over the semiannual Visitors Days. Mrs. C. Payson Coleman, co-chairman with Dr. Michels, together with an enthusiastic committee, provided the leadership that assured a full house on both occasions to hear presentations of timely medical issues, and to tour clinical and research facilities.

The medical college held its third annual Parents Day in October under the chairmanship of Dr. and Mrs. Thomas J. Fahey, Jr. After the program, more than 500 parents, students and faculty members attended a reception, organized by parents Anne Hayworth and Marcia Sherlock, on the terrace of Lasdon House.

Chaired by a hospital governor James H. Evans, the medical center advisory board, a select group of interested business, professional and community leaders, met three times to be briefed in depth on specific issues of health economics and clinical and investigative medicine. During the year, this important board was expanded to include Joseph E. Brooks, Mrs. David Evins, Jerome Fisher, Mrs. Maurice R. Greenberg, Mrs. Peter M. Guida, Mrs. L. Patton Kline, Mrs. Leonard Lauder, Mrs. Isabelle R. Leeds, Mrs. Harold Uris, Mrs. E. Darracott Vaughan, Jr., Mrs. Ronald Weintraub, and Thomas R. Wilcox. Ronald Stanton, a charter member, was recently elected to the hospital's board of governors.

The Departmental Associates, chaired by Sanford Ehrenkranz, and composed of friends of the medical center who have deep interests in scientific research and discovery and medical education, continued to grow and prosper in 1983. Departmental Associates groups were established in five departments: cell biology and anatomy, obstetrics and gynecology, pediatrics, pharmacology, and physiology. The 50 members of this dedicated cadre are rapidly moving into positions of leadership at the medical center.

Executive promotions, announced in June, added strength to the development effort. Frank Markoe, Jr., was appointed to the new position of vice chairman for external affairs, with primary responsibility for major gifts. Dr. John C. Weber, associate dean of the medical college, became, in addition, associate director of the hospital, with administrative responsibility for the medical center's public affairs and development departments.

Vincent J. Spinelli was appointed director of development for the medical center, and Eleanor S. Mintz became assistant dean of development for the medical college.

We are truly grateful to the hospital's board of governors, the medical college's board of overseers, medical center physicians, medical college alumni, and the many other professionals and volunteers who contributed their energies and funds toward the early successful completion of the first phase of the capital gifts campaign. Their dedication is vital to continuing and enhancing the excellence of patient care, research, and medical education at the New York Hospital-Cornell Medical Center.

Respectfully submitted,

Eleanor T. Elliott

Eleanor T. Elliott
Governor, The Society of the New York Hospital

Jansen Noyes, Jr.

Jansen Noyes, Jr.
Overseer, Cornell University Medical College

It is characteristic of leading academic medical centers that their compass extends well beyond the immediate community they serve. Some of the most significant developments of the past year at the New York Hospital-Cornell Medical Center illustrate very well this extraordinary compass.

Pediatrics: *Two major facilities were constructed — the most advanced pediatric intensive care unit in the region and a magnificent, sun-filled recreational center for young patients.*

NMR: *The medical center became the first institution in New York State to use this exciting new diagnostic technology in the care of patients.*

Burn Center: *One of only three such units in the country designated as a research center for burn injury by the National Institutes of Health, the NYH-CMC burn center welcomed a new director.*

Ion Channels: *Physiologic research cast new light on a phenomenon basic to the body's internal communications.*

Life and Death in Haiti: *A Cornell program in that nation continued to have a major impact on lowering infant mortality from diarrhea and brought new insights to the study of AIDS.*

Stich Radiation Therapy Center: *With the construction of the Stich Center, a significant new facet of cooperation with Memorial Sloan-Kettering Cancer Center took shape.*

High-Risk Pregnancy: *A program focusing on high-risk pregnancies — inaugurated only four years ago and now the largest such program in the metropolitan area — continued to grow.*

Finally, at year's end one of the largest gifts ever donated to an institution of higher learning pointed the center toward farther horizons.

A two-year-old boy accidentally shot in the head while playing. A child suffering from Reye's syndrome. A teenager injured in a car crash. An infant recovering from open-heart surgery. These are some of the critically ill patients recently admitted to the medical center's new pediatric intensive care unit.

Because they are children, these patients require very special care. Each needs to be treated by professionals who understand not only a particular disorder but how it might interact with the anatomy and body chemistry of an infant, a toddler, a young child or a teenager. Children have special emotional needs as well: some may be separated from their parents for the first time; most are unable to describe or understand their condition.

The most advanced facility of its kind in the Greater New York Metropolitan Area, the pediatric intensive care unit was built last year through the generosity of the Dyson Foundation. Under the overall direction of Dr. Maria I. New, pediatrician-in-chief and chairman of the department of pediatrics, this 12-bed unit is a regional referral base for patients within a 100-mile radius and has its own 24-hour-a-day transportation system. Drs. Florence Nolan and Anthony Palomba, both intensive care specialists, are backed by an array of pediatric subspecialists and a staff of 35 highly trained nurses.

Children are generally admitted to the I.C.U. for one of three reasons: serious accidents, congenital defects, and infections. Trauma to the head — whether from a fall, gunshot wound, or other injury — is particularly common in children. Through advances in medical technology, the rate of death or permanent damage from intracranial pressure is far lower today than it once was. CAT scans and monitoring devices track the buildup of pressure that occurs when the child's brain swells up within the rigid container of the skull. Medications can be used to control the swelling, while respirators support the child's breathing.

The congenital defects that bring children to hospitals are usually very different from the kinds of problems seen in adults. Heart surgery in adults, for example, tends to be for degenerative problems, while children may have surgery for a great variety of structural or functional defects they have had from birth. Serious though these defects may be, a child's cardiovascular system often proves to be extraordinarily resilient. One girl who was resuscitated after suffering cardiac arrest on the operating table was taken to the I.C.U., put on medication, and given fluid therapy to raise her blood pressure. She was able to walk out of the hospital only four days later.

"One of the most exciting things about working with children," says Dr. Palomba, "is that they have this marvelous capacity to recover from situations that seem all but hopeless, because they are still developing and don't have years of wear and tear on their body systems. That is, perhaps, the greatest satisfaction in our work."

When it comes to restoring children to full health, the child life development program is as much a part of the recovery process as the life-saving technology in the I.C.U. During 1983, thanks to a grant from the Warner Communications Foundation, previously unused rooftop space was transformed into a children's wonderland. Bright, airy and open, the new Warner Communications Child Life Center gives children a place to play, learn and have fun in a non-hospital atmosphere. It also gives doctors a chance to diagnose illness and assess recovery by observing the ill child at play.

A central platform serves as a room divider, a place for children to climb, a cover for a therapeutic water bed, and a stage for visiting performing arts groups. Children who have never heard classical music or seen the dance or theater will be exposed to these artistic expressions. The new center also has a separate classroom and a soundproofed stereo, video, and computer room.

One of the most popular activities in the new center, as in the child life program in the past, is gardening. Although more accustomed to seeing vegetables in a supermarket than in a garden, the children plant seeds, then water, weed and feed the plants, and use the finished products in their cooking class. They also put together a record of the adventure in their own words and pictures. Working in the garden helps many of the children understand what is happening in their lives. "Vegetables are kind of like kids," observed one adolescent. "They need the right kind of care to grow up healthy."

Internal bleeding has caused a 12-year-old girl to be rushed to the center's new pediatric intensive care unit. While a nurse comforts the child's mother, a team of physicians works on the patient, who recovered from the crisis.

Young patients try out the new Warner Communications Child Life Center. Light, spacious, and airy, the center gives children a place to play, learn and have fun in a non-hospital atmosphere.

On March 1, 1983, in the early morning hours, a truck was backed up from the Franklin D. Roosevelt Drive and its valuable cargo — a large and powerful magnetic coil — was unloaded into the sub-basement of the Payne Whitney Clinic of the New York Hospital-Cornell Medical Center. Magnetism is the basis of an exciting new technology in the diagnosis of disease introduced at the medical center last year. The New York Hospital was the first institution in New York State to use it in the care of patients.

Nuclear magnetic resonance, or NMR, as this technology is called, has long been used by chemists in the analysis of compounds. Major advances were made in adapting it for medical diagnosis in the early 1970's, and in the past three years the quality of the images produced by NMR scanning has improved dramatically.

To Dr. Joseph P. Whalen, radiologist-in-chief of the New York Hospital and chairman of the department of radiology at Cornell University Medical College, it seemed logical that the medical center should be among the leaders in developing this new modality. Ten years earlier it had been one of the first centers in the world to undertake CAT scanning, and today it has one of the world's largest and most distinguished radiological imaging departments, with four CAT scanners, eight ultrasound machines, and advanced digital equipment that enhances the value of standard X rays as a diagnostic tool. This impressive armamentarium notwithstanding, Dr. Whalen became convinced that NMR has unique capabilities that give it immediate clinical value.

Since all major capital expenditures affecting the cost of patient care must be approved by the state department of health, the case for NMR had to made in Albany. As it turned out, the New York Hospital was the first institution in the state to seek permission to inaugurate NMR scanning. Beyond demonstrating the capabilities of the new technology, the hospital marshalled convincing evidence of its safety.

NMR offers a means of imaging the body without the use of either invasive procedures or ionizing radiation. It depends on the behavior of a particular class of atomic nuclei — specifically those that have an odd number of protons plus neutrons. When placed in a magnetic field, these nuclei, which normally point in random directions, will line up with the field, spinning like a legion of little tops about an axis parallel to the field. If subjected to a radio pulse of a certain precise frequency, the nuclei start wobbling, moving to a different energy level. When the pulse ends, the nuclei return to their ground energy level and, in doing so, emit a radio wave of the same frequency as that of the pulse that tipped them over in the first place. This radio signal from the nuclei is picked up by a radio receiver and relayed to a computer. In a process similar to what happens in CAT scanning, it is the analysis of signals by a computer that provides images for the radiologist to interpret.

Since its installation at the New York Hospital last spring, NMR has proved to be of particular value in diagnosing disorders of the central nervous system. According to the hospital's neurologist-in-chief, Dr. Fred Plum, evidence collected so far indicates that the technique is superior to all other imaging methods in diagnosing, among other things, small brain tumors and tumors in certain intracranial areas that are poorly viewed by CAT scanning. Such advantages are crucial for improved treatment, Dr. Plum believes.

The value of NMR is illustrated best by cases in which it has proved useful, several success stories among many.

□ A woman was rapidly going blind because a tumor was compressing a part of the brain called the optic chiasm. Imaging the tumor without NMR would have required that dye be injected into the spinal canal and, by means of a difficult procedure, induced to flow into the brain. NMR greatly simplified making the diagnosis. The tumor, which proved to be benign, was removed by surgery and the patient was cured.

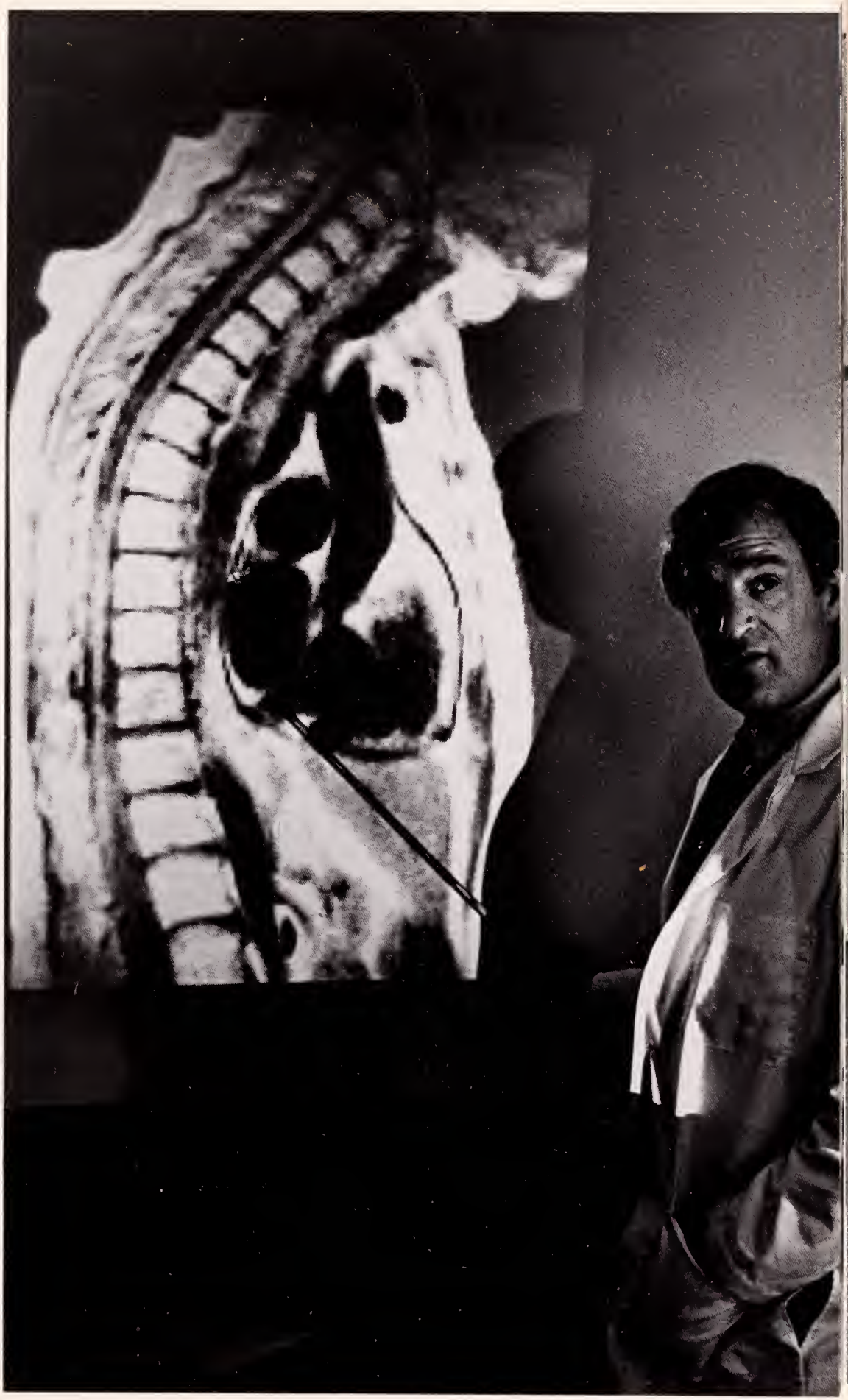
□ A man in his 50's had been disabled decades earlier by a lesion diagnosed as an inoperable tumor of the spinal cord. An NMR scan indicated that the tumor was located near but not on the cord, and was therefore operable. Removal of the tumor resulted in a great improvement in the patient's condition.

□ A woman was plagued by seizures of recent onset. Although a CAT scan was normal, an NMR scan revealed a definite abnormality in the cerebrum that turned out to be a tumor. Although the tumor, called a glioma, was malignant, a complete cure is possible if it is removed early enough, and her doctors consider the woman's prognosis to be excellent.

Although NMR's value has been clearest for neurological conditions, it has also proved useful in diagnosing a range of disorders, including those of the heart, major vessels, chest, and abdomen. Radiologists at the medical center believe these capabilities can be significantly improved by relatively simple technical developments on which they are now working.

Beyond the use of NMR scanning for anatomical imaging are uses that may turn out to be revolutionary. NMR has the potential to give a picture not only of the body's anatomy but of its physiology and biochemistry. For example, in the future NMR may provide images indicating the concentration in one or another part of the body of sodium or phosphorus or some other element. That image would constitute a kind of radiologic laboratory test, providing crucial information about the functioning of that organ.

Getting this kind of information will require a magnet at least three times as powerful as the unit in the Payne Whitney sub-basement. Dr. Whalen hopes that this second unit, to be used principally for research, will be installed adjacent to the first in 1984.



Dr. Jack Westcott, medical director of NMR scanning, reviews a body scan. Clearly seen are the aorta and pulmonary artery; the four chambers of the heart; the pericardium, the membrane surrounding the heart; and the vertebral column and spinal cord.

"Every room in your home has burn hazards," Brian Feit, adminstrator of NYH-CMC's burn center, tells a group of senior citizens in Brooklyn. "An appliance that isn't turned off. An uncovered frying pan on a high flame. Leaving small children alone in the bathtub. Smoking in bed. There are dozens of scenarios for disaster."

Mr. Feit should know. Of the 440 patients admitted to the burn center in 1983, 80 percent were injured in domestic accidents. That is why several times a week staff members volunteer to spend their free time teaching groups around the city that prevention is the best line of defense against burns. *Burn Wise,* a safety film produced by the center, won the Blue Ribbon Award at the 1983 American Film Festival.

Established in 1976 by Dr. G. Thomas Shires, surgeon-in-chief and chairman of the department of surgery, the NYH-CMC burn center quickly became a national resource in all aspects of burn care — treatment, research, and education. Continuing advances have made a dramatic difference in the number of lives saved. Ten years ago, a person with a 50-percent burn had about a 50-percent chance of surviving. Today, that same patient in the burn center has more like an 80 percent chance of survival.

Burn care means not only saving lives, but restoring patients to their former level of functioning. Within the first 24 hours of admission, a comprehensive therapy program is started, a team effort involving physical, occupational, social and psychiatric therapy. The burn center is pledged never to turn away any patient. The young, the old, the poor — society's most likely burn victims — are brought here from as far away as Europe and South America.

"One of the things that attracted me to the center is its strong outreach program, which is unmatched by any other burn unit in the country," says Dr. Cleon Goodwin, who became director of the burn center during 1983. "Another attraction, of course, is the outstanding research program; we are one of only three burn units in the United States designated as a research center for burn injury by the National Institutes of Health." Dr. Goodwin is known for his studies on the nutrition and metabolism of the burn-injured. Prior to joining NYH-CMC, he was in charge of research at the renowned U.S. Army Institute of Surgical Research at Fort Sam Houston, in San Antonio, and was a clinical associate professor of surgery at the University of Texas Health Science Center.

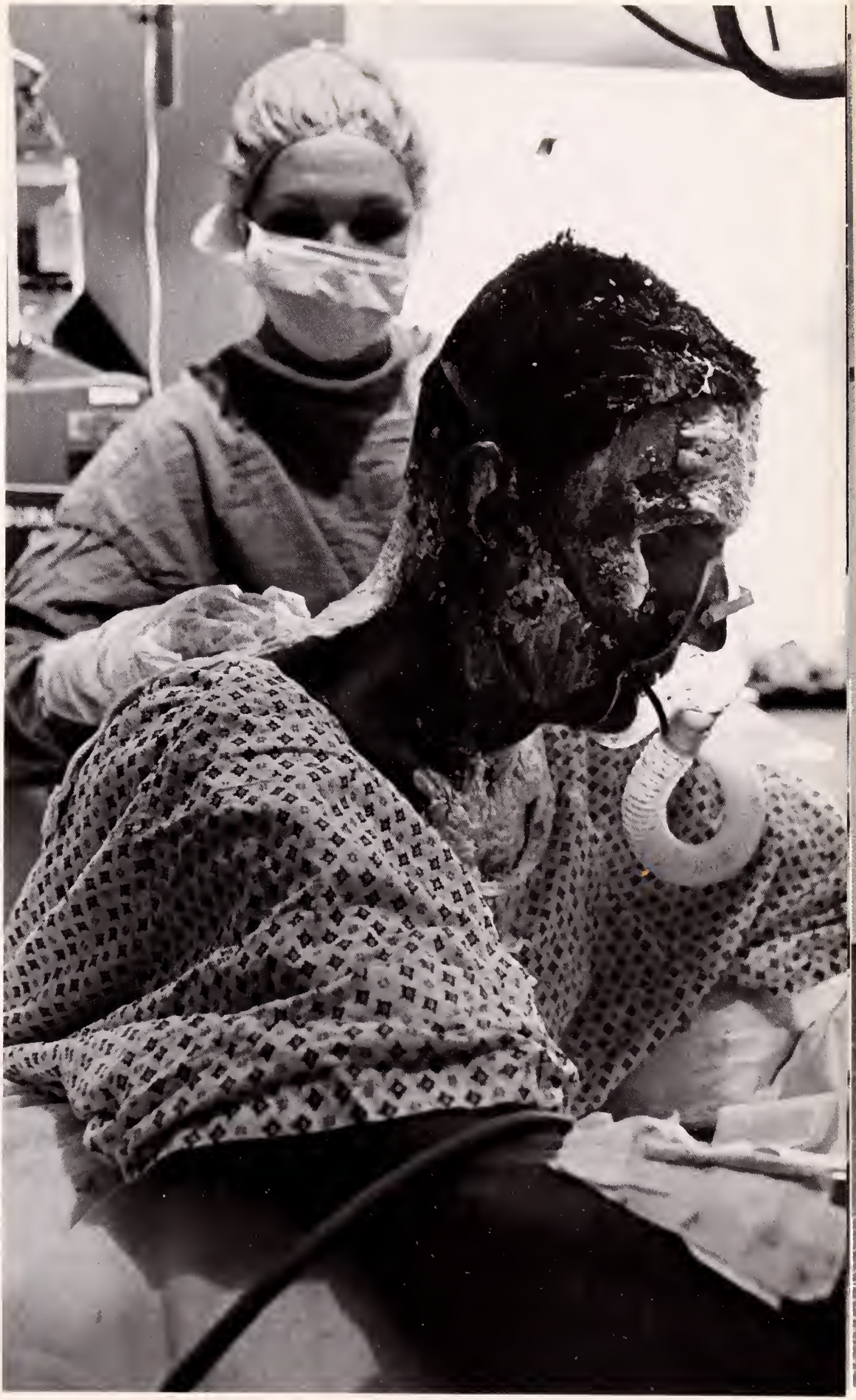
As dramatic as advances have been in burn care, much still remains to be learned about the basic mechanisms involved in the effects fire has on the body. For example, the primary cause of death in burn victims is infection. The body's immune system, which normally wards off infection, is somehow altered so that the patient loses the ability to fight off even germs found in the everyday environment. Doctors are trying to find out why the immune system breaks down and how it can be repaired. Dr. Shires believes that during the next 10 or 15 years new ways will be developed to increase body defenses against infection that will be more effective than any antibiotic.

At present, because of the constant danger of infection, the burn unit must be kept as free of microbial agents as possible. No flowers are permitted, and staggering amounts of laundry are generated. Every time a staff member enters or leaves a patient's room, he or she must change gowns. Each day some 1,500 gowns are laundered, and 18 bags of linen plus 20 bags of trash accumulate after every shift. Special cleaning staff are needed to maintain the extraordinary high standards.

For some reason still not understood, the body of a burn-injured person metabolizes calories at a far greater rate than normal. An individual who usually needs 1,800 calories a day may require as much as 6,000 calories just to maintain his weight. The development of special nutrition and feeding techniques has been one of the most important aspects of improved burn care. In addition to round-the-clock intravenous feeding, calories are dripped directly into the stomach. Regular food and high-nutrition milkshakes are also fed to those patients who can take them. While doctors are now able to cope with these drastic metabolic changes, it is still important to know why they occur and what the best balance of nutrients should be.

In first-degree or shallow second-degree burns skin will eventually grow back. But a deep second-degree or a third-degree burn will not cover itself without skin grafting. At present, such grafting can only be done with the patient's own skin, since the body's immune system rejects other skin as foreign. Although doctors can continue to obtain skin from the same parts of the body repeatedly, they must wait about two weeks after each grafting procedure, thereby lengthening the total recovery time. Researchers at the burn center are working on several approaches to this problem.

During its first seven years, the burn center has made tremendous progress in patient care. Dr. Goodwin and his colleagues believe the gains in the coming decade will be even more exciting.



A nurse spreads an antimicrobial salve on a patient in the burn center. Infection is the primary cause of death in burn patients, who often have a greatly diminished ability to fight off even germs found in the everyday environment.

"One may think science important either because it enables man to control the world he lives in, or alternatively because it enables him to understand it," the great biologist C.H. Waddington wrote. While the two goals are not mutually exclusive, he added, "there is a considerable difference, at least in emphasis, between [them]."

The primary thrust of science at a medical center is to control and cure illness. But answers to the origin and treatment of diseases often depend on knowledge gained through basic biological research having little to do with diseases. Indeed, it is the recognition of the importance of basic biological research that provides much of the impetus for the partnership of universities with hospitals in academic medical centers. In a great deal of the research conducted at these centers, the goal of scientific investigation is indistinguishable from the historic goal of the university — to further human understanding.

One of the many scientists engaged in this endeavor at the New York Hospital-Cornell Medical Center is Dr. Olaf S. Andersen, a professor of physiology.

Ever since he received his medical degree from the University of Copenhagen in 1971, Dr. Andersen has devoted himself to research bearing on the movement in and out of cells of electrically charged substances called ions. What brought him to the department of physiology of Cornell University Medical College in 1973 was, in large part, the department's distinguished record in this field.

Dr. Andersen's research has focused specifically on how ions move across the cell membrane, the cell's outer lining. Since this movement goes on in every living cell, Dr. Andersen has recently been involved in studying processes as varied as the exchange of chloride for bicarbonate across the membrane of the red blood cell and the transport of hydrogen ions across the membranes of cells lining the urinary bladder. The major thrust of his work involves analyzing the phenomenon basic to the body's internal communications network. It is called action potential — the propagation of an electrical signal along nerves and muscles at velocities of up to 100 meters per second.

Since nerve and muscle fibers are not good conductors of electricity, a special biological mechanism is needed to sustain a signal as it travels. The mechanism consists of a sudden but controlled rush of ions across the membranes of nerve or muscle cells en route. First, sodium ions rush into a cell from outside; next, potassium ions flow rapidly out of the cell from the inside. The process is mediated by at least two kinds of pores, or channels — one for sodium, another for potassium — that respond to the electrical state of the membrane.

While this is known in a general way, much remains to be learned about the structure of the channels and the means by which sodium and potassium move with lightning quickness through them. The channels are formed by proteins embedded in the cell membrane. Since these proteins are large, complex, and of unknown shape and composition, many scientists, including Dr. Andersen, have sought to gain insight into their function by working with simpler structures. Perhaps the most popular of these are the gramicidins, a family of antibiotics used by physicians in treating athlete's foot but treasured by physiologists because, when a pair of gramicidin molecules come together in a membrane, they form a channel with important similarities to those found in membrane proteins.

In the laboratory, gramicidin can be incorporated into a model membrane and ions induced, by an electrical potential, to flow through the channel. One can thus make electrical measurements that tell a good deal about the complicated physics of this entire process.

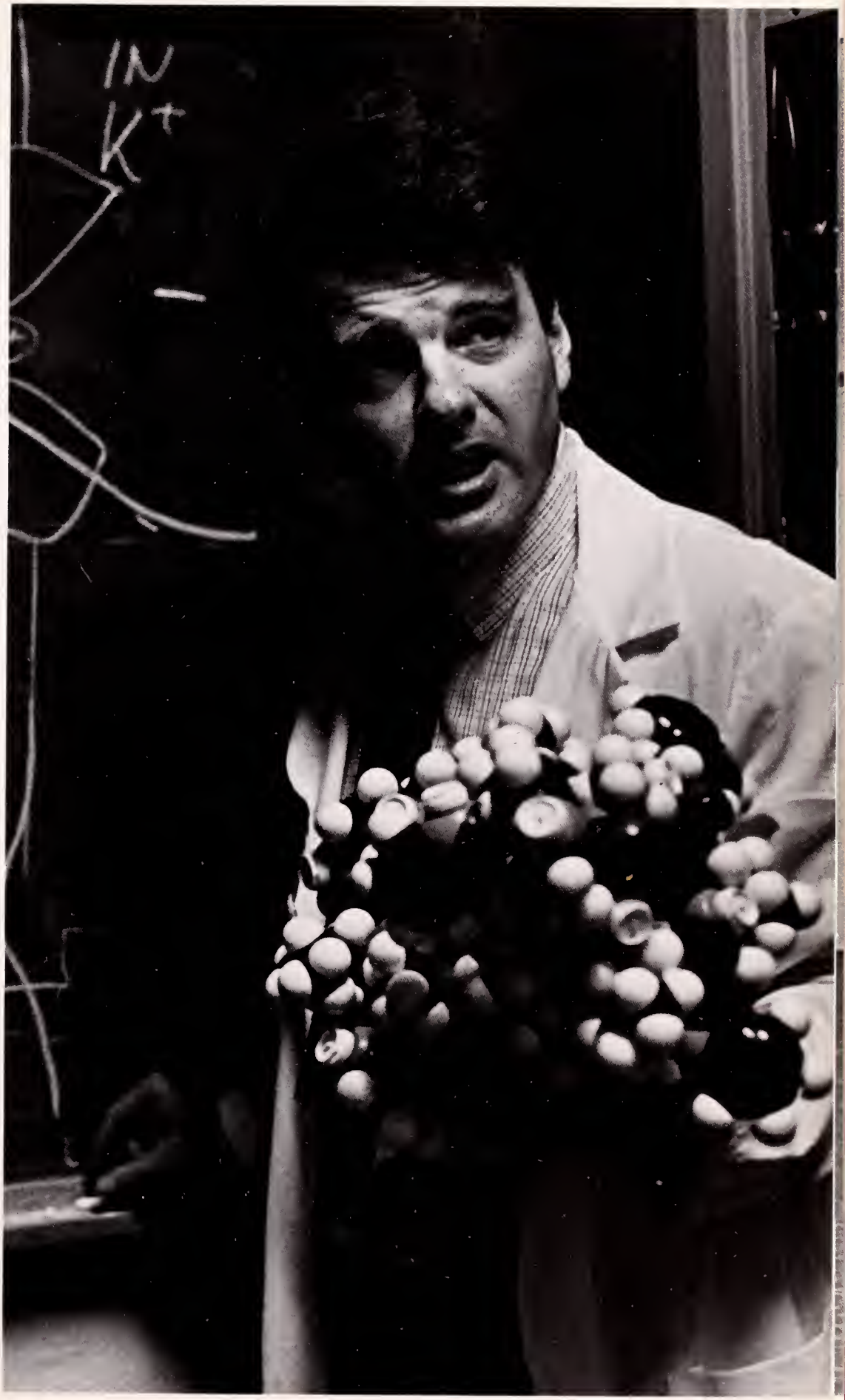
In one series of experiments last year, Dr. Andersen and his colleagues changed the structure of the gramicidin molecule by chemically removing part of the molecule and replacing it with one or another substance. They found that they could thereby alter dramatically the flow of ions through the channel, even though the changes in chemical structure were made outside the part of the molecule that forms the lumen through which the ions pass. To account for their findings they proposed a simple general model that may prove to be of considerable value in analyzing the function of cell-membrane channels.

In another series of experiments, they were able to show that ions' rate of flow from one end of a gramicidin channel to the other is limited primarily by the rate at which ions are able to enter the channel. Was this true for sodium channels too, they wondered. To find out, they took sodium-channel proteins from nerve cells and incorporated them into a model membrane to study the flow of ions through the channels in detail. They then introduced a chemical named tetrodotoxin that has long been known to block ion movement through sodium channels, and tested the efficacy of this blockage at different sodium concentrations and membrane voltages.

One implication of this work, taken in combination with work done at other laboratories, is that tetrodotoxin does not block the channel in the way previously thought. The standard view is that it behaves somewhat like a fat man who falls into a manhole and gets stuck halfway through. The charm of that metaphor notwithstanding, recent findings here and elsewhere suggest the picture is more complicated. They are also providing new insights into other aspects of the shape and functioning of membrane channels.

Progress has been considerable in the past year, even in the past six months. While it is still too early to be sure, Dr. Andersen believes that one year from now science's picture of sodium channels will be quite different from what it was one year ago. What seems assured, given the importance of these channels in all living cells, is that the continuing unraveling of their mystery will have implications for medicine that are little short of profound.

Dr. Olaf Andersen has made considerable progress in elucidating the movement of electrically charged substances called ions across cell membranes, a phenomenon crucial to many body functions. The model in his hand is of gramicidin, a molecule commonly used to study this process.



Hans Gerdes left Haiti with his parents at the age of six. Seventeen years later he returned as a Cornell University medical student to participate in a program that has had a major impact in reducing infant mortality from diarrhea, one of the main killers of infants and children in developing countries.

Today an intern at the New York Hospital, Dr. Gerdes recalls his trips to Haiti in 1981 and 1983 under the auspices of the division of international medicine of the department of medicine. "I had always wanted to return to the land of my birth, not just to visit, but to make a contribution. It took me a while to get adjusted to the poverty, to seeing such sick children and adults. But it was enormously rewarding to be involved in a project that has really made a difference between life and death."

The diarrhea project was started in 1980 through the initiative of Dr. Jean Pape, today an assistant professor of medicine at Cornell University Medical College. Like Hans Gerdes, Dr. Pape was born in Haiti and is a graduate of CUMC, class of 1975. In cooperation with the department of pediatrics at the University of Haiti and with a grant from the Rockefeller Foundation, Dr. Pape and several visiting CUMC colleagues and students set up a 24-bed unit to study and treat diarrhea in infants and children. When the unit first opened in the university hospital, about 500 patients a month were admitted, 35 percent of whom died. Today the mortality rate is less than one percent.

This dramatic decrease in mortality was achieved by training the unit's staff to rapidly diagnose and treat dehydration and diarrheal infection. Dehydration from severe diarrhea can kill an infant within hours and can jeopardize the lives of older children as well. Staff in the unit were taught to quickly distinguish mild, moderate and severe dehydration by looking for dry eyes, parched mouth and other signs. In cases where diarrhea is caused by a self-limited bacterial or viral infection, the patients can be saved by a simple therapy called oral rehydration. This involves getting the child to drink a solution of salts and sugar to replace the exact amount of body fluid lost, sometimes as much as ten percent of the child's weight.

In addition, each patient receives a complete examination to detect more severe infections — such as typhoid fever, malaria, or meningitis — that require antibiotics or other medications. Research in the unit includes looking for more effective treatments for these severe infections. Hans Gerdes, for example, worked on a study to evaluate alternative drugs for typhoid fever, since the typhoid bacillus is becoming resistant to some of the antibiotics that have been standbys for decades.

The unit has served as a national training center for physicians, nurses and medical personnel. All pediatric house staff at the University of Haiti rotate through the unit, and rehydration centers are being set up at regional hospitals throughout Haiti, either by regional staff who train at the unit or by university people sent to local hospitals.

Before 1980, oral rehydration was not widely used in Haiti. The preferred treatment, intravenous hydration, was rather expensive and carried the risk of complications. Oral rehydration is far simpler: the World Health Organization provides packets that mothers can easily mix with a liter of boiled water at home. Once a mother understands how to administer oral rehydration, she can do it herself if any of her children or her neighbor's children have diarrhea.

While no national figures exist on how the three-year program has affected mortality from infant diarrhea, all signs point to a significant impact. Not only have many Haitian medical personnel been trained, but oral rehydration has become so widely accepted that, when Hans returned to Haiti in 1983, he was delighted to see it advertised on television.

Another focus of the Cornell program in Haiti has been AIDS. In 1981, Dr. Pape was asked to consult on several adult patients with severe, intractable diarrhea. When these turned out to be cases of AIDS, Dr. Pape and a group of Haitian and American physicians embarked on a program for the investigation and treatment of AIDS in Haiti.

In a study published in *The New England Journal of Medicine* in October 1983, the group concluded that the appearance of AIDS in Haiti coincided with the earliest reports of the syndrome in the U.S. and that AIDS did not exist in Haiti before that time. The victims came from all economic and social strata. The potential risk factors of blood transfusions and bisexual activity correspond to those in the U.S. Furthermore, the identification of bisexual Haitian patients who had sexual relations with American homosexuals in New York and Miami provides a link between the two populations.

Among the questions now being studied is why women make up roughly one third of the AIDS patients in Haiti, as compared to seven percent in the United States. What may account for this is that all males with AIDS in Haiti described themselves as bisexual, while 95 percent of American males with AIDS classify themselves as homosexual.

By participating in the Haitian program, Hans followed a long Cornell tradition that includes such renowned forbears as the late Dr. G. Wilson Smillie, who established the first school of public health in South America, and eminent tropical disease specialist Dr. B.H. Kean, emeritus clinical professor of medicine at CUMC. The program in Haiti and another current program in Brazil are under the direction of Dr. Tom Jones, head of the division of international medicine, and Dr. Warren Johnson, director of international programs. The Brazil project, at the University of Bahia, has involved over 100 Cornell medical students since 1964. Another major undertaking, from 1979 to 1983, was the establishment and operation of an emergency ward in the Khao I Dang Cambodian refugee camp in Thailand, through the participation of NYH-CMC students, house staff, nurses, and attendings.

Hans Gerdes considers his experience in Haiti nothing less than a revelation. Although he doesn't have a blueprint for his future, he knows that international medicine will be part of it.

Hans Gerdes left the land of his birth, Haiti, at the age of six. When he returned as a Cornell medical student, it was to participate in a highly successful effort against one of the country's greatest killers, infant diarrhea. Today he is an intern at the New York Hospital.

No medical center is more fortunate in its neighbors. Surrounding it in an arc are three institutions preeminent in medical care and biomedical research — Memorial Sloan-Kettering Cancer Center, the Rockefeller University, and the Hospital for Special Surgery. Collaboration among the institutions has become a way of life.

Last year a major new facet of cooperation took shape with the construction of the Ittermine Neustadtl Stich Radiation Therapy Center. Made possible by the generosity of Mr. Herman J. Stich and built in memory of his late wife, this new center has evolved out of a longstanding program in which Memorial Hospital furnished radiation therapy for cancer patients of the New York Hospital. This inter-institutional cooperation will now be extended to the Stich Center.

Although radiation is hardly a new treatment for cancer — its first use following closely upon the discovery of X rays by Roentgen in 1896 — never has it produced results as good as those it yields today. Improvements in technology and improved knowledge of cancer make it an increasingly effective weapon either as the sole treatment or in combination with surgery and chemotherapy.

As the demand for radiation therapy has increased in recent years, it has become clear at Memorial Hospital —a world leader in the development of this modality —that expanded facilities would be needed. Since the New York Hospital accounts for about one fifth of the patients treated by radiation at Memorial, it was agreed that the New York Hospital should construct a new facility. Memorial Sloan-Kettering, for its part, would make its expertise available in planning the new center and, when it was completed, would provide the professional staff to operate it.

For a major medical center, construction and renovation are basic facts of life. There is, to begin with, the toll taken by normal wear and tear on an institution more than 50 years old. One current priority of the New York Hospital, for example, is to build a new unit to do the more than six and a half million pounds of laundry it produces annually. In addition, there is the special need medical centers have to build new facilities, like the Stich Center, to accommodate advances in medical technology and practice.

Given the special nature of much of this construction, challenges are the rule — and the Stich Center was no exception. Although the center consists of only one story above ground and one story below, its foundation had to be built to support a 10-story structure; with space at a premium in the area, it is likely that the Stich Center will ultimately serve as a base for futher construction. Also complicating the construction process was the nature of radiation therapy itself. To prevent leakage of radiation from the rooms in which therapy is administered, the walls had to be of reinforced concrete poured to a thickness of four feet. All penetrations of the wall had to be at a 45-degree angle, to ensure that radiation would not seep through around ducts, and the ducts themselves had to be surrounded by lead shielding half an inch thick. The door to each of the therapy rooms consists of a steel shell filled with lead bricks. Weighing 18,000 pounds, the doors are opened and closed by motor, but also have to be so well balanced that, should the motors fail, they could be opened and closed by a 90-pound person.

Through the year of construction, a frequent visitor to the work site was Mr. Otis Carpenter, head of medical electronics of the department of medical physics at Memorial Sloan-Kettering. If the world of 18,000-pound doors and four-foot-thick walls was a little novel to the New York Hospital administrative staff, it was nothing new to Mr. Carpenter, who has been involved in the installation and operation of radiation-therapy units at Memorial Hospital for 17 years.

With the delivery of the radiation machines in late summer, the involvement of Mr. Carpenter and his colleagues from the department of medical physics intensified. Three new machines are the heart of the Stich Center, a Clinac-18 linear accelerator, a Theratron cobalt-60 unit, and a Varian/Ximatron-5 simulator. The accelerator, the largest and most expensive of the machines, emits a beam of high-energy X rays or electrons to destroy cancer cells, and the cobalt unit produces lower-energy radiation; which machine or which beam is used for a particular patient depends on the location, size and nature of the patient's cancer. The simulator is a diagnostic X-ray unit used during a patient's first visit to the center to plan his or her therapy.

The machines are delivered to the site in pieces and then assembled by the manufacturer under the watchful eye of the medical physics staff, a process that takes nearly three months. Not only does the assembly have to be perfect but the machines have to be set into the concrete floors so that they are perfectly level: even a slight deviation could compromise the precision critical to the therapeutic effectiveness of each unit. By year's end construction was completed, and the radiotherapy equipment had been assembled and emplaced. Shortly after the New Year, the dedication of the center was held on Mr. Stich's 91st birthday.

The following months would be taken up with final preparations. In a process taking about one month, the Memorial Sloan-Kettering staff would take both machines through a process known as acceptance testing, in which it is determined that the machines meet the specifications of the manufacturers. Further refinements and preparation would then ensue before the center would be ready for its first patient in the spring.

Margie Hunt, of the department of medical physics of Memorial Hospital, performs one of a multitude of checks involved in preparing New York Hospital's new linear accelerator for operation. Illuminating the tip of her face is one of the laser beams used to position patients for therapy.

At St. John's Hospital in Yonkers a concerned doctor picks up the telephone and dials 212-472-LIVE. An emergency hotline open 24 hours a day connects him immediately to the high-risk maternity-fetal transport division of the New York Hospital-Cornell Medical Center.

"I have a patient who's 26 weeks pregnant. She's bleeding heavily and going into premature labor. Can I send her down?"

Within minutes the vital data is taken and a trained medical team is heading up the New York State Thruway in a specially equipped ambulance. When they arrive, they will stabilize the patient, and on the trip back, they can monitor the heartbeats of the mother and fetus, administer oxygen and intravenous fluids, and perform other procedures to assure the patient's safe arrival.

For over a decade NYH-CMC has been a regional referral center for high-risk infants. Now, in addition, a major new outreach program is designed to bring high-risk mothers to the hospital *before* they deliver. Some 20 hospitals in the tri-state area, including one as far away as Newburgh, N.Y., are affiliated with the program. NYH obstetricians work with doctors in community hospitals in evaluating and treating their patients and in determining whether the need exists to draw on the extensive resources of the medical center.

"Our focus is to get a baby in the very best possible condition with the least trauma so it will have the best chance of surviving," explains Dr. William Ledger, the hospital's obstetrician-and gynecologist-in-chief. "Advanced neonatal intensive care units, like the one established here by Dr. Peter Auld in the 1970's, represent a major step forward in reducing infant mortality. And there is an even further advantage to bringing the mother in beforehand. Once the mother gets here, we have techniques available to evaluate the baby that are as good as any in the world."

Thus, maternal transports to the hospital, Dr. Ledger notes, have increased from 45 to 230 a year since 1979.

When the patient from Yonkers arrives, she is taken immediately to the labor and delivery room for examination by Dr. Alan Kessler, the attending obstetrician assigned to her case. A sonogram reveals that she has a condition known as *placenta previa*, which means that her placenta is placed in front of the baby and covers the cervix. This is extremely serious because when the mother goes into labor, the cervix opens and the placenta, which isn't supposed to be there, starts to separate and bleed. If this condition isn't controlled, the mother can bleed to death during labor.

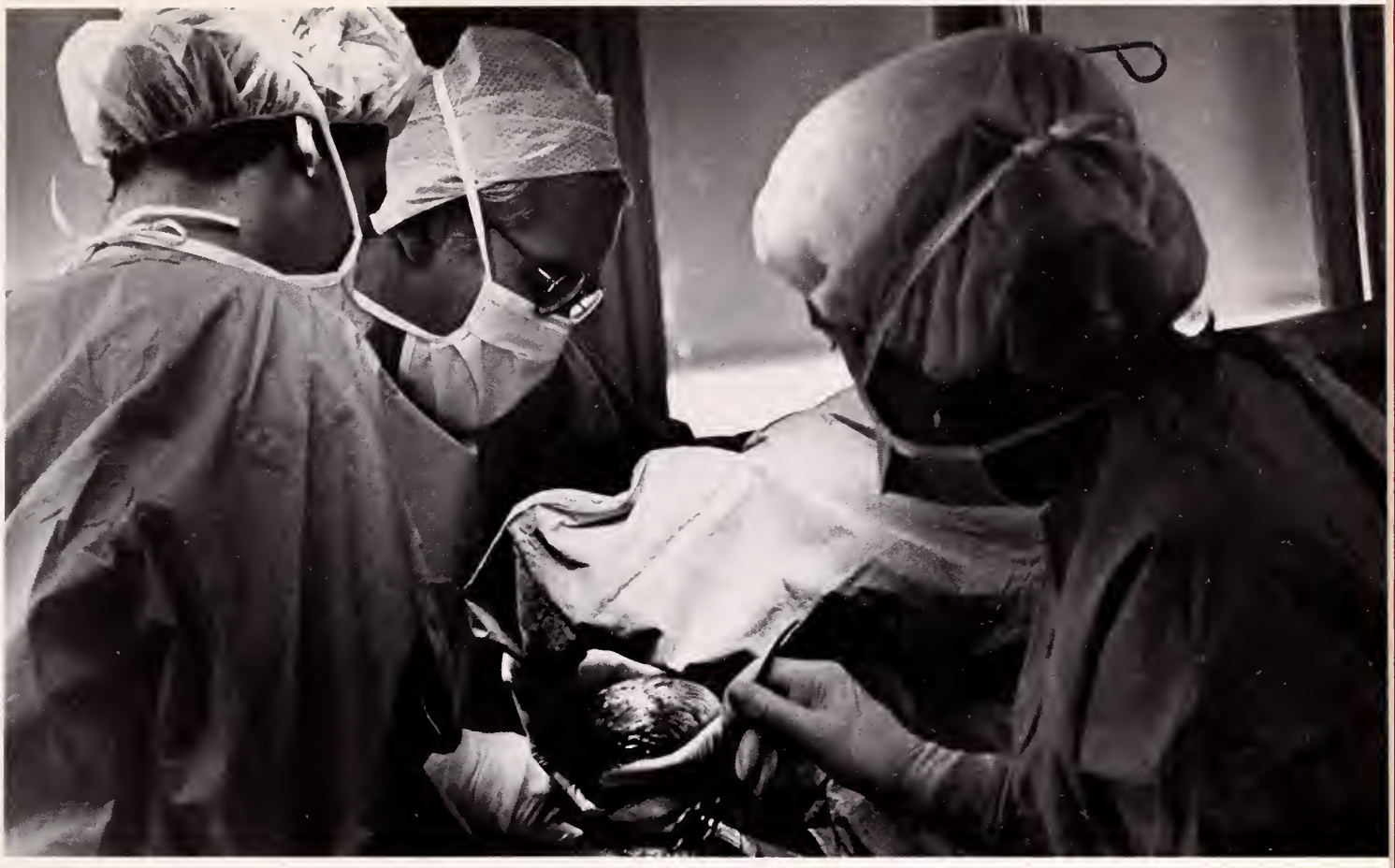
The first step is to stop her premature labor and bleeding and to replace the lost blood with transfusions. Next, she undergoes a whole series of crucial tests in the antepartum testing unit headed by Dr. Maurice Druzin, an attending obstetrician and gynecologist. Among these, ultrasound is particularly valuable in giving the doctor a clear picture of the baby exactly as it is developing in the uterus. The doctor can see how many babies there are, the baby's weight, the size of the head, heart, and lungs, and the exact stage of gestation. He can also check for abnormalities that might be incompatible with life. Although sonograms are not used routinely, Dr. Druzin says they are absolutely essential for high-risk pregnancies. "The benefits are immense, and the risks infinitesimal."

Great strides have also been made in treating babies *in utero*. Every day the baby remains inside the mother, its chances for survival increase. In this case the mother received steroids to mature the baby's lungs, and by means of other medications, Dr. Kessler was able to hold off her delivery until the 28th week, when she began to bleed again and a Caesarian was performed. For small premature babies, a Caesarian delivery assures that the baby will be retrieved without trauma in the best possible condition as quickly as possible.

As expected, the infant daughter weighed only about two pounds at birth. She was transferred to the center's neonatal intensive care unit, one of the best in the world and an integral part of the high-risk maternal-transport program. There constant one-to-one care enabled the child to survive a subsequent bout with pneumonia and sudden hemorrhaging in one of the ventricles of her brain. Two months after birth, her weight up to four and a half pounds, she went home in normal, healthy condition with her delighted parents.

Although the serious complications of this case do not develop in all high-risk pregnancies, the potential for trouble is always very real. Dr. Druzin estimates that as many as one of five pregnancies either starts out or ends up as high risk, meaning that it requires special care and monitoring. Certain conditions in the mother — such as diabetes, high blood pressure, and kidney disease — heighten the chance of premature delivery. So does a history of pregnancy problems or the prospect of a multiple birth. A whole variety of conditions can cause developmental problems in the fetus, including drug and alcohol abuse and even smoking. Difficulties associated with these and other conditions can be reduced or eliminated with the sophisticated screening and treatment techniques available at NYH.

Said one patient, "As a high-risk pregnant mother, it makes you feel secure knowing there's a place you can go to in an emergency that will take care of everything."



A radiantly happy mother gets a first look at her son, delivered moments before by Caesarian section. A major new outreach program focusing on high-risk pregnancies has brought many women to the New York Hospital for delivery.

Event Highlights: A magnificent gift for Cornell, Bob Hope at the Waldorf, a birthday party for Mr. Stich, the Greenberg Award for Dr. Ray, a new symposium on women's health

Columnist Jane Brody addresses women's health symposium.

President Frank Rhodes and Dean Thomas Meikle announce the $50 million gift to the medical college.

Herman Stich marks a birthday and dedicates the Stich Center.

Cabaret! raises more than one million dollars.

Dr. Bronson Ray receives the Greenberg Award for distinguished service.

Financial Statements

The Society of the New York Hospital, *January 1—December 31, 1983*

Revenues	$ Millions	%
Net Inpatient Revenue	215.8	85.6
Net Outpatient Revenue	21.8	8.8
Other Operating Revenue	8.9	3.5
Specific Purpose Funds Used to Support Current Operations	5.4	2.1
Total	$251.9	100.0%
Expenses		
Salaries, Wages and Benefits	177.7	69.3
Medical and Surgical Supplies, Pharmaceuticals & Other Expenses	73.5	28.7
Depreciation	5.1	2.0
Total	$256.3	100.0%
Operating Loss	($ 4.41)	
Investment Income and Unrestricted Gifts	$ 6.40	
Balance Available For Required Equipment Replacement, Building Renovation, New Services, New Hospital Expenses, Etc.	$ 1.99	

Cornell University Medical College, *July 1, 1982—June 30, 1983*

Revenues	$ Millions	%
Tuition and Fees	5.5	5.2
Investment Income	7.7	7.3
Restricted Funds for Research and Training	27.0	25.4
State Appropriation	1.4	1.3
Indirect Cost Reimbursement	7.3	6.9
Faculty Practice Plan	49.2	46.4
Other Sources	8.0	7.5
Total Revenues:	$106.1	100.0%
Expenses		
Instruction & Research Training	9.0	8.5
Research	22.9	21.6
Libraries and Academic Support	1.8	1.7
Student Services and Student Financial Aid	3.7	3.5
General and Administrative Support	5.6	5.3
Plant Operations	6.0	5.7
Faculty Practice Plan	42.6	40.1
Debt Service	1.0	.9
Other Expenses and Transfers	13.5	12.7
Total Expenditures:	$106.1	100.0%

Statistical Summary

Services to Patients	Laboratory	2,147,855
	Blood Bank	213,442
	Radioisotopes Services	45,813
	X-Ray Examinations	131,655
	Operations	19,672
	Deliveries	3,710
	Electrocardiograms	65,442
	Electroencephalograms	3,729
	Social Services Interviews	257,858
	Therapy Treatments (Physical, Occupational, Recreational)	275,354
	Transfusions	27,837
	Pharmacy Prescriptions	1,156,234
	Record Room-New Case Records	56,327
	Average Number of Full-Time Employees	5,915.2
Distribution of Beds	Private	
	Baker-Medicine	80
	Baker-Surgery	44
	Obstetrics and Gynecology	29
	Pediatrics	5
	Total Private	158
	Semi-Private	
	Medical/Surgical	462
	Two-Bed Baker-Medicine	51
	Two-Bed Baker-Surgery	25
	Urology	61
	Obstetrics and Gynecology	124
	Pediatrics	107
	Total Semi-Private	830
	Sub-Total Manhattan Division	988
	Newborn Bassinets	44
	Payne Whitney Clinic	108
	Total Manhattan Division	1,140
	The Westchester Division	322
	Grand Total	1,462
Patient Care	Patients Admitted Manhattan Division	34,505
	Newborn	3,729
	Payne Whitney Psychiatric Clinic	1,005
	The Westchester Division	1,252
	Total	40,491
	Patient Days, All Divisions Including Newborn	463,784
	Day Hospital Treatments	
	Payne Whitney Psychiatric Clinic	1,712
	Westchester Division	11,114
	Visits to Outpatient Clinics	170,070
	Visits to Emergency Pavilion	43,644

Educational Program	Medical Students	425
	Graduate Students	144
	M.D.-Ph.D. Students *(medical and graduate enrollments)*	44
	Degrees Conferred *(1982-83 academic year)*	137
	M.D.	121
	Ph.D.	16
	Faculty *(including all affiliates — 1982-83 academic year)*	2,358
	Full-Time	913
	Part-Time	50
	Voluntary	1,395
	House Staff *(NYH-CMC only)*	444
	Health-Related Students:	
	X-Ray Technicians	31
	Dental Hygienists	6
	Dietetic Interns	21
	Medical Social Workers	5
	Surgical Assistants	15
	Samuel J. Wood Library *(1982-83 academic year)*	
	Users	362,697
	Journals (titles)	1,882
	Total Volumes	124,027
	New Books Received	3,819

Profile of Entering Medical Students, 1983 (101 admitted out of total applicant pool of 5,852)	Men	56
	Women	45
	Minorities	11
	New York State Residents	57
	College Majors	Science (75); Non-Science (26)

Universities with Two or More Graduates Admitted:

Cornell University	13	University of Pennsylvania	3
Harvard University	12	Barnard College	2
Columbia University	5	Dartmouth College	2
Princeton University	5	Massachusetts Institute of Technology	2
Amherst College	4	Hunter College	2
Brown University	3	Haverford College	2

Research (July 1, 1982—June 30, 1983)	Federally Sponsored Research—Total Funding	$21,494,440
	Privately Sponsored Research—Total Funding	$ 8,560,265
	Research Projects Funded	296
	Research Publications	517

We extend our deepest thanks to the many loyal supporters of the New York Hospital-Cornell Medical Center. If space permitted, we would wish to list each one of these contributors. The following list includes those who gave $500 or more during the year. We are especially grateful to these friends.

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Auxiliary

During 1983, the Auxiliary of the Society of the New York Hospital contributed some $190,000 to the hospital, funds raised in large part through the operation of its gift shop in the hospital lobby and a thrift shop located on East 71st Street. A major gift of $75,000 provided the department of ophthalmology with a Yag-Laser system, a new kind of laser that is used to remove sight-obstructing membranes that sometimes develop after cataract operations and perforating traumas. A second major gift, of $50,000, was presented to the department of obstetrics and gynecology for the construction of a birthing room. An additional $8,000 was presented to the department by the auxiliary's lying-in committee.

Through its art committee, the auxiliary continues to support the purchase of art works for the hospital. It also supports the publication of a quarterly newsletter that appears in the newspaper *Our Town;* provides funds for the department of social work's diversional crafts programs; and contributes to Volunteer Services for the Elderly of Yorkville.

Among the highlights of the past year was the benefit held on November 2 at the Hirschl & Adler Modern Gallery, featuring the work of Edwin Dickinson. The benefit netted $19,000 in ticket sales and donations, to be allocated to a future hospital project.

Volunteers

The New York Hospital is fortunate in having a group of highly motivated and dedicated volunteers. The wish to be of service and the satisfaction of doing a job well led them to devote 54,026 hours to the hospital in 1983. In addition to reporting to regular assignments in many areas of the hospital, they took part in such special projects as blood drives, Visitors Days, patient-library book sales, disaster drills, and mailings. A new activity in 1983 was enrolling patients for "Medic Alert," a nationwide bracelet-distribution system that provides information useful in treating an individual in an emergency.

By the end of 1983, 232 volunteers were eligible for awards for cumulative hours and years of service. Awards for longest service are as follows:

30 Years
Marilyn Graves (33,200 hours)

20 Years
Christine Donnelly
Rita Fabac
Creina Gahan

15 Years
Mary Bailey
Marion Heydt
Ann Joyce
Mary O'Brien

10 Years
Dr. Frank Bass
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8000 Hours
Ryde Waxter

7000 Hours
Violet Berg

5000 Hours
Teresa Sarnoff

3000 Hours
Elizabeth Cotiletta
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Governance, 1984

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Paul Pellici, M.D.
Francis S. Perrone, M.D.
Carol K. Petito, M.D.
Arleen B. Rifkind, M.D.
Roy Silverstein, M.D.
Yvonne Thornton, M.D.
Parker Vanamee, M.D.
Daniel Weitzner, M.D.

Ex-Officio Members
Frank H. T. Rhodes
Thomas H. Meikle, Jr., M.D.
W. Keith Kennedy
Bruce L. Ballard, M.D.
Fletcher H. McDowell, M.D.
W. P. Laird Myers, M.D.
Lawrence Scherr, M.D.
Gregory W. Siskind, M.D.
Kenneth Tardiff, M.D.
John C. Weber, D.D.S.

The New York Hospital-Cornell Medical Center represents an affiliation of the New York Hospital and Cornell University Medical College. Physicians at the medical center have appointments in both institutions.

Chiefs of service at the New York Hospital, with the exception of the physiatrist-in-chief, serve as chairmen of corresponding clinical departments of Cornell University Medical College. Physicians at the hospital have faculty appointments in the medical college. For the sake of simplicity, however, the center's clinical faculty are listed here only by their hospital titles.

In addition to the clinical departments, the center also has six basic-science departments. Since the work of these departments consists almost entirely of teaching and research, many basic-science faculty do not have hospital appointments. They are, therefore, listed here by academic title.

The medical center has affiliations with a number of institutions, including the Hospital for Special Surgery, the Burke Rehabilitation Center, Memorial Sloan-Kettering Cancer Center, North Shore University Hospital, Catholic Medical Center of Brooklyn and Queens, St. Barnabas Hospital, the Will Rogers Institute, and LaGuardia Hospital. Because of space limitations, professional staff at these institutions who do not have New York Hospital appointments are not listed in the following pages.

Medical, Graduate and Professional-Associate Staff of the New York Hospital (January 1, 1984)

Honorary Staff

Fred H. Allen, M.D.
Pediatrics

Arthur F. Anderson, M.D.
Pediatrics

Jacob Applebaum, M.D.
Otorhinolaryngology

Charles H. Bauer, M.D.
Pediatrics

Anne Belcher, M.D.
Otorhinolaryngology

John E. Deitrick, M.D.
Medicine

Oskar Diethelm, M.D.
Psychiatry

R. Gordon Douglas, M.D.
Obstetrics & Gynecology

J. Edwin Drew, M.D.
Urology

Howard S. Dunbar, M.D.
Neurosurgery

George F. Egan, D.M.D.
Dental and Oral Surgery

Claude E. Forkner, Sr., M.D.
Medicine

John E. Franklin, M.D.
Pediatrics

Richard H. Freyberg, M.D.
Medicine

Harold Genvert, M.D.
Surgery

Martin J. Glynn, M.D.
Pediatrics

Merton L. Griswold, M.D.
Plastic Surgery

Francis J. Hamilton, M.D.
Psychiatry

James Q. Haralambie, M.D.
Pediatrics

Graham G. Hawks, M.D.
Obstetrics & Gynecology

James M. Holman, M.D.
Otorhinolaryngology

Suzanne Howe, M.D.
Otorhinolaryngology

Donald G. Johnson, M.D.
Obstetrics & Gynecology

Richard N. Kohl, M.D.
Psychiatry

Milton I. Levine, M.D.
Pediatrics

William T. Lhamon, M.D.
Psychiatry

Frederick L. Liebolt, M.D.
Orthopedics

Mary H. Markham, M.D.
Otorhinolaryngology

Paul A. Marks, M.D.
Medicine

Ellen McDevitt, M.D.
Medicine

Ade T. Milhorat, M.D.
Medicine

George C. Mueller, M.D.
Otorhinolaryngology

Theodore W. Oppel, M.D.
Medicine

Charles M. Peterson, M.D.
Pediatrics

Ralph E. Peterson, M.D.
Medicine

Bronson S. Ray, M.D.
Neurosurgery

Paul Reznikoff, M.D.
Medicine

Walter F. Riker, M.D.
Medicine

David E. Rogers, M.D.
Medicine

Charles A. Sanders, M.D.
Medicine

John F. Seybolt, M.D.
Pathology

Alphonse E. Timpanelli, M.D.
Medicine

Francis P. Twinem, M.D.
Urology

James H. Wall, M.D.
Psychiatry

Robert F. Watson, M.D.
Medicine

Irving S. Wright, M.D.
Medicine

Judah Zizmor, M.D.
Radiology

Emeritus Staff

Sam C. Atkinson, M.D.
Medicine

Ruth P. Berkeley, M.D.
Medicine

Jerome H. Brander, M.D.
Obstetrics & Gynecology

Melva A. Clark, M.D.
Medicine

Robert E. Eckardt, M.D.
Medicine

Ralph A. Eskesen, M.D.
Medicine

Charles H. Goodsell, M.D.
Medicine

Norman L. Higinbotham, M.D.
Surgery

Thomas P. Jernigan, M.D.
Medicine

Vincent A. Joy, M.D.
Medicine

Adib Karam, M.D.
Medicine

J. Harry Katz, M.D.
Medicine

George L. Kauer, Jr., M.D.
Medicine

Herbert Koteen, M.D.
Medicine

Michael Lake, M.D.
Medicine

Daniel S. Lukas, M.D.
Medicine

Benjamin Marbury, M.D.
Anesthesiology

N. Eileen McGrath, M.D.
Medicine

Willis Murphy, M.D.
Medicine

Bernard Rogoff, M.D.
Medicine

Harry A. Sinclaire, M.D.
Medicine

Beatrice S. Slater, M.D.
Pediatrics

Herbert J. Spoor, M.D.
Medicine

Virginia Werden, M.D.
Obstetrics & Gynecology

Anesthesiology

Medical Staff

Anesthesiologist-in-Chief

Joseph F. Artusio, Jr., M.D.

Attending Anesthesiologists

Leslie L. Balazs, M.D.
Raymond G. Barile, M.D.
Dragan Borovac, M.D.
Gabriel G. Curtis, M.D.
Herbert L. Erlanger, M.D.
Aileen Kass, M.D.
Louis J. Maggio, M.D.
Jerold Schwartz, M.D.
David G. Susman, M.D.
Marjorie J. Topkins, M.D.
Liebert Turner, M.D.
Alan Van Poznak, M.D.
Judith Weingram, M.D.

Associate Attending Anesthesiologists

Vinod Malhotra, M.D.
Edwina Sia-Kho, M.D.
Michael Tjeuw, M.D.
Fun-Sun Yao, M.D.

Assistant Attending Anesthesiologists

Farida T. Gadalla, M.D.
Susan Jalandoni, M.D.
Theresa T. Kudlak, M.D.
Ronald A. Leff, M.D.

Graduate Staff

Anesthesiologists

Patricia Brous, M.D.
Robert M. Chuda, M.D.
Stephen J. Dazza, M.D.
Robert S. Dorian, M.D.
Steven A. Fiamengo, M.D.
Bruce Kaufman, M.D.
Robert E. Kelly, M.D.
Michael D. Levin, M.D.
Roy E. Schwartz, M.D.
Jay M. Tendler, M.D.
Joseph M. Thomas, M.D.

Assistant Anesthesiologists

Gail H. Auster, M.D.
Magda B. Brown, M.D.
Miles Dinner, M.D.
Howard D. Koff, M.D.
Robert A. London, M.D.
Anthony G. Messina, M.D.
Lawrence S. Minowitz, M.D.
W. Campion Read, M.D.
Stuart N. Rice, M.D.
Brian A. Seeman, M.D.

Interns

Adam E. Berg, M.D.
Bonnie Eve Blackman, M.D.
Patricia H. Collins, M.D.
Josef R. Edrich, M.D.
Melinda Mingus, M.D.
Kimberly Rawlins, M.D.

Medicine

Medical Staff

Physician-in-Chief

R. Gordon Douglas, Jr., M.D.

Attending Physicians

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Jeremiah A. Barondess, M.D.
Alexander G. Bearn, M.D.
David V. Becker, M.D.
Morton D. Bogdonoff, M.D.
Jeffrey S. Borer, M.D.
William A. Briscoe, M.D.
D. Martin Carter, M.D.
Charles L. Christian, M.D.
Farrington Daniels, Jr., M.D.
John W. Dougherty, M.D.
Murray Dworetzky, M.D.
William J. Eisenmenger, M.D.
Ralph L. Engle, Jr., M.D.
Aaron Feder, M.D.
Marvin C. Gershengorn, M.D.
Susan J. Hadley, M.D.
George W. Hambrick, Jr., M.D.
Peter C. Harpel, M.D.
Lawrence E. Hinkle, Jr., M.D.
Melvin Horwith, M.D.
Eric A. Jaffe, M.D.
Warren D. Johnson, M.D.
Thomas C. Jones, M.D.
Lawrence J. Kagen, M.D.
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E. Hugh Luckey, M.D.
Aaron J. Marcus, M.D.
Klaus Mayer, M.D.
W.P. Laird Myers, M.D.
Ralph L. Nachman, M.D.
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Richard B. Roberts, M.D.
Isadore Rosenfeld, M.D.
Albert L. Rubin, M.D.
Abdol H. Samiy, M.D.
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Paul Sherlock, M.D.
Richard T. Silver, M.D.
Gregory W. Siskind, M.D.
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Richard L. Soffer, M.D.
Herman Steinberg, M.D.
Kurt H. Stenzel, M.D.
David D. Thompson, M.D.
Douglas P. Torre, M.D.
Babette B. Weksler, M.D.
Marc E. Weksler, M.D.
David Zakim, M.D.

Associate Attending Physicians

Seymour Advocate, M.D.
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Steven A. Atlas, M.D.
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Magdalena R. Berenyi, M.D.
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Eric J. Cassell, M.D.
Jhoong S. Cheigh, M.D.
William N. Christenson, M.D.
James P. Christodoulou, M.D.
Vincent A. Cipollaro, M.D.
Hugh E. Claremont, M.D.
Eugene J. Cohen, M.D.
Morton Coleman, M.D.
B. Shannon Danes, M.D.
Paul F. de Gara, M.D.
Richard B. Devereux, M.D.
Lewis M. Drusin, M.D.
Henry R. Erle, M.D.
Edwin Ettinger, M.D.
Thomas J. Fahey, Jr., M.D.
William T. Foley, M.D.
Constance Friess, M.D.
Martin Gardy, M.D.
David L. Globus, M.D.
Howard Goldin, M.D.
Charles H. Goodrich, M.D.
George W. Gorham, M.D.
Joseph G. Hayes, M.D.
Leonard L. Heimoff, M.D.
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Raymond B. Hochman, M.D.
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Norman J. Isaacs, M.D.
Abraham S. Jacobson, M.D.
Thomas K.C. King, M.D.
F. David Kitchin, M.D.
Harvey Klein, M.D.
Paul D. Kligfield, M.D.
Susan A. Kline, M.D.
Ione Kourides, M.D.
Mary Jeanne Kreek, M.D.
Leo R. Lese, M.D.
Marjorie G. Lewisohn, M.D.
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Anne Moore, M.D.
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Mark Pasmantier, M.D.
Francis S. Perrone, M.D.
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Edgar A. Riley, M.D.
William C. Robbins, M.D.
Thomas N. Roberts, M.D.
Emmanuel Rudd, M.D.
Bijan Safai, M.D.
Robert A. Schaefer, M.D.
Arthur W. Seligmann, M.D.
Charles Sheard, III, M.D.
Raymond L. Sherman, M.D.
Lawrence S. Sonkin, M.D.
Charles R. Steinberg, M.D.
Peter E. Stokes, M.D.
John F. Sullivan, M.D.
Manikkam Suthanthiran, M.D.
Luis Tapia, M.D.
Henry M. Thomas, III, M.D.
Lila A. Wallis, M.D.
Clinton G. Weiman, M.D.
Aaron O. Wells, M.D.
A. Lee Winston, M.D.
Michael J. Wolk, M.D.

Assistant Attending Physicians

Kathy L. Ales, M.D.
Francis P. Arena, M.D.
Robert S. Ascheim, M.D.
Arthur K. Balin, M.D.
Bry Benjamin, M.D.
Kalman J. Berenyi, M.D.
David S. Blumenthal, M.D.
Mark S. Brower, M.D.
W. Ted Brown, M.D.
Jacqueline Chami, M.D.
Mary E. Charlson, M.D.
Dominick Chiarieri, M.D.
Robert J. Cody, Jr., M.D.
Richard P. Cohen, M.D.
C. Stephen Connolly, M.D.
Denton S. Cox, M.D.
C. Pinckney Deal, M.D.
Monroe T. Diamond, M.D.
Joseph C. Dreyfus, III, M.D.
Adrian L. Edwards, M.D.
George C. Ellis, M.D.
Jay A. Erlebacher, M.D.
George A. Falk, M.D.
Ann O.S. Fels, M.D.
Kenyon B. Field, M.D.
Jeffrey David Fisher, M.D.
Claude E. Forkner, Jr., M.D.
John E. Franklin, Jr. M.D.
Richard M. Fuchs, M.D.
Robert C. Garrett, M.D.
Allan Gibofsky, M.D.
Joel S. Gitlin, M.D.
Harvey L. Goldberg, M.D.
Bruce R. Gordon, M.D.
Barry J. Hartman, M.D.
Janet K. Hayes, M.D.
Anita M. Herdan, M.D.
Clare A. Hochreiter, M.D.
Barton Inkeles, M.D.
Lawrence A. Inra, M.D.
Charles L. Jarowski, M.D.
Lois G. Jovanovic, M.D.
Christy E. Joyce, M.D.
Harvey L. Katzeff, M.D.
LeMoyne C. Kelly, M.D.
Robert P. Kimberly, M.D.
Ludwig Klein, M.D.
Barry J. Klyde, M.D.
Richard N. Kolesnick, M.D.
Oscar L. Laskin, M.D.
Jeffrey C. Laurence, M.D.
Lawrence Lit-King Leung, M.D.
Daniel M. Libby, M.D.
Jorge Lopez-Ovejero, M.D.
Elizabeth M. Lutas, M.D.
Steven K. Magid, M.D.
John F. Marchand, M.D.
Stephen J. Marks, M.D.
George A. McLemore, Jr., M.D.
Carlyle Miller, M.D.
David H. Miller, M.D.
Ilene J. Miller, M.D.
Paul F. Miskovitz, M.D.
David W. Molander, M.D.
Jeffrey W. Moses, M.D.
Jerry Nagler, M.D.
John P. Nicholson, M.D.
Martin Nydick, M.D.
Benjamin B. Park, M.D.
Mark S. Pecker, M.D.
Martin R. Post, M.D.
Aurelia Potor, M.D.
Philip G. Prioleau, M.D.
Gene D. Resnick, M.D.
Lawrence M. Resnick, M.D.
Gerald A. Ridge, M.D.
Marcos Rivelis, M.D.
Arnold M. Rochwarger, M.D.
Michael A. Rosenbluth, M.D.
Albert M. Ross, M.D.
Joseph T. Ruggerio, M.D.
Stuart D. Saal, M.D.
Jane E. Salmon, M.D.
Robert L. Savillo, M.D.
Lawrence Scharer, M.D.
Michael J. Schmerin, M.D.
Melissa P. Schori, M.D.
Theodore L. Schreiber, M.D.
Leonard H. Schuyler, M.D.
Kenneth P. Scileppi, M.D.
Gillian M. Shepherd, M.D.
Gerald M. Silverman, M.D.
Charles Smithen, M.D.
Alan G. Snart, M.D.
Rosemary Soave, M.D.
Meyer N. Solny, M.D.
Henry A. Solomon, M.D.
Martin Sonenberg, M.D.
Richard Stern, M.D.
Carol Storey-Johnson, M.D.
Fritz H. Streuli, M.D.
Phyllis A. Taufield, M.D.
Thomas L. Tuttle, M.D.
J. Russell Twiss, M.D.
Theodore I. Tyberg, M.D.
Louis J. Vorhaus, M.D.
James B. Wallis, M.D.
Victoria A. Wang, M.D.
Alan M. Weinstein, M.D.
David J. Wolf, M.D.
Andrew C. Wormser, M.D.
David A. Zackson, M.D.
Michael A. Zullo, M.D.

Clinical Affiliates

Henriette E. Abel, M.D.
Robert R. Abel, M.D.
Alvin L. Adler, M.D.

William A. Anderson, M.D.
Athanasia Apostolopoulos, M.D.
Georgette N. Aprile, M.D.
Donald Armstrong, M.D.
Lennette J. Benjamin, M.D.
Harry Bienenstock, M.D.
John P. Blass, M.D.
Berna J.R. Blom, M.D.
Robert G. Brayton, M.D.
Yolanda A. Cestero, M.D.
Nicholas Chiorazzi, M.D.
Francis P. Coombs, M.D.
Jean A. Cramer, M.D.
Mary K. Crow, M.D.
Renato A. de Leon, M.D.
Anthony J.M. de Silva, M.D.
Keith B. Elkon, M.D.
Aldo Faga, M.D.
Joseph Feldschuh, M.D.
Howard M. Fillit, M.D.
Helen S. Flamenbaum, M.D.
John T. Flynn, M.D.
Wilbur Gershenson, M.D.
William P. Given, Jr., M.D.
David Gluck, M.D.
Marc A. Goldberg, M.D.
Jonathan E. Goldstein, M.D.
Rosemary V. Gorman, M.D.
Ira H. Gouterman, M.D.
Kenneth Greenspan, M.D.
Jack R. Harnes, M.D.
Ann C. Hill, M.D.
Jules Hirsch, M.D.
Esther Ho-Kung, M.D.
Francis W. Iacobellis, M.D.
Michael I. Jacobs, M.D.
Harvey H. Jay, M.D.
Jeffrey Kutscher, M.D.
Robert G. Lahita, M.D.
Martin Lipkin, M.D.
Mark R. Marciano, M.D.
I. Ira Mason, M.D.
Eugene G. McCarthy, M.D.
Nancy L. McClure, M.D.
Donald G. McKaba, M.D.
Steven D. Meed, M.D.
Robert B. Millman, M.D.
Abraham M. Mizrahi, M.D.
Martin Perlin, M.D.
Malcolm C. Phillips, M.D.
Arthur D. Philson, M.D.
Mary Kathryn Pierri, M.D.
Johanna Pindyck, M.D.
David N. Posnett, M.D.
Michael I. Rehmar, M.D.
Arleen B. Rifkind, M.D.
John S. Rodman, M.D.
John F. Romano, M.D.
Neil S. Sadick, M.D.
Ernest Schwartz, M.D.
Benson H. Shalette, M.D.
Julio E. Sotelo, M.D.
Mallory Stephens, M.D.
Frederick M. Stier, M.D.
Erasmo C. Sturla, M.D.
Ida M. Tiongco, M.D.
Mary Beth Walsh, M.D.
Hendricks H. Whitman, III, M.D.
Stanley S. Yormak, M.D.

Professional-Associate Staff

Professional Associate (Podiatrist)

Martin Gilman, D.P.M.

Graduate Staff

Clinical Fellows

Khosrow Alyeshmerni, M.D.
Eduardo E. Arreaza, M.D.
Adam Asch, M.D.
W. Perry Ballard, III, M.D.
Diane Benezra, M.D.
Robert D. Bigler, II, M.D.
D. Barry Boyd, M.D.
Prem C. Chatpar, M.D.
Sarah Clarkson, M.D.
Bradley A. Connor, M.D.
Andrew B. Covit, M.D.
Jack A. DeHovitz, M.D.
Orli R. Etingin, M.D.
Suzanne Fields, M.D.
Paul L. Fine, M.D.
Richard A. Furie, M.D.
Eleonore R.R. Gaines, M.D.
Barbara R. Gerling, M.D.
Alice B. Gottlieb, M.D.
William R. Griffo, M.D.
Thomas Gunby, M.D.
A. Arthur Halle, III, M.D.
Robert Hardi, M.D.
Catherine C. Hart, M.D.
Arthur D. Heller, M.D.
Edmund M. Herrold, M.D.
Janice K. Hillman, M.D.
John R. Holmes, M.D.
Jonathan Jacobs, M.D.
Edward Julie, M.D.
Walter A. Kornienko, M.D.
Harvey M. Kramer, M.D.
Spencer H. Kubo, M.D.
Kerry S. LeBenger, M.D.
Roseanne M. Leipzig, M.D.
Sara Levitan, M.D.
Joan V. Liebermann, M.D.
Ralph James Mack, M.D.
C. Ronald MacKenzie, M.D.
Norman Magid, M.D.
Martin Markowitz, M.D.
Franklin Marsh, Jr., M.D.
Thomas Martin, M.D.
Craig Metroka, M.D.
Thomas W. Nash, M.D.
Nathaniel W. Niles, II, M.D.
Alison Norris, M.D.
Peter Okin, M.D.
Peter Pompei, M.D.
Jacek J. Preibisz, M.D.
Patricia M. Romano, M.D.
Nicholas P. Scarpa, M.D.
David F. Seybrun, M.D.
Roy L. Silverstein, M.D.
Mark Y. Stoeckle, M.D.
Israel Tamari, M.D.
William C. Thompson, M.D.
William S. Vaun, M.D.
John C.L. Wang, M.D.
Leonard J. Weiss, M.D.
James W. Young, M.D.
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Assistant Physicians (Dermatology)

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Alissa B. Fox, M.D.
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Anthony C. Parris, M.D.
Rachelle A. Scott, M.D.
Ruth K. Tedaldi, M.D.

Assistant Physicians

Harry J. Bigham, Jr., M.D.
James A. Blake, M.D.
Jon D. Blumenfeld, M.D.
Mitchell J. Blutt, M.D.
Michael C. Cantor, M.D.
Martin F. Carr, Jr., M.D.
Paul N. Casale, M.D.
Robert B. Cooper, M.D.
Andrew J. Dannenberg, M.D.
Richard R. Eisenberg, M.D.
Patrick L.R. Farrell, M.D.
Jonathan K. Fears, M.D.
Susan C. Fox, M.D.
Robert J. Friedlander, Jr., M.D.
Mitchell L. Gaynor, M.D.
Alexandra L. Gibas, M.D.
Richard S. Goldweit, M.D.
Steven J. Golombek, M.D.
Harry L. Gruenspan, M.D.
Solomon I. Hamburg, M.D.
Barbara L. Hempstead, M.D.
Alan L. Hillman, M.D.
Henry Kent Holland, M.D.
Renato V. LaRocca, M.D.
Daniel A. Leonard, M.D.
Maurice D. Leonard, M.D.
Todd W. Locke, M.D.
John C. Lystash, M.D.
Lawrence C. Madoff, M.D.
Grace P. Makari-Judson, M.D.
Deborah S. Maliver, M.D.
Stephen J. Margulis, M.D.
Mark R. Milner, M.D.
Rolando F. Rodriguez, M.D.
Irene E. Rosenberg, M.D.
Howard I. Rutman, M.D.
Paul Sachs, M.D.
Daniel W. Sawyer, M.D.
Frederic L. Sax, M.D.
David H. Schaer, M.D.
Steven M. Schnittman, M.D.
Mark Shparber, M.D.
S. Thomas Snyder, M.D.
Howard R. Sonderling, M.D.
Celine M. Stahl, M.D.
Charles L.H. Staub, M.D.
Cy A. Stein, M.D.
Gregg W. Stone, M.D.
Jeffrey Tepler, M.D.
Cheryl A. Walters, M.D.
Douglas J. Ward, M.D.
John W. Ward, M.D.
Stuart M. Weisman, M.D.
Stephen M. Winter, M.D.

Interns

David M. Allen, M.D.
David M. Barash, M.D.
Shawn J. Bird, M.D.
Bernard A. Birnbaum, M.D.
Rena S. Brand, M.D.
John D. Brofman, M.D.
Mark R. Depman, M.D.
Jonathan D. Dubin, M.D.
Barbara L. Eisenkraft, M.D.
Andrew Farb, M.D.
John M. Feigert, M.D.
David R. Feldman, M.D.
Hans Gerdes, M.D.
Margaret A. Hamburg, M.D.
David C. Helfgott, M.D.
Timothy W. Herrick, M.D.
Paul E. Kalb, M.D.
Robert O. Kenet, M.D.
L. Allen Kindman, M.D.
Eseng Lai, M.D.
Mark S. Lewis, M.D.
Charles L. Lucore, M.D.
David S. Palat, M.D.
Thomas W. Pappas, M.D.
Andrew L. Pecora, M.D.
David C. Perlman, M.D.
Aran Ron, M.D.
Constantine Rossakis, M.D.
Moshe Rubin, M.D.
Leonard B. Saltz, M.D.
David A. Scheinberg, M.D.
Alexander Shaknovich, M.D.
Michael D. Spiritos, M.D.
Ted P. Szatrowski, M.D.
Maureen R. Tierney, M.D.
Luise L. Weinstein, M.D.
Jacqueline M.S. Winterkorn, M.D.

Neurology

Medical Staff

Neurologist-in-Chief

Fred Plum, M.D.

Attending Neurologists

H. Richard Beresford, M.D.
Ira B. Black, M.D.
John P. Blass, M.D.
John J. Caronna, M.D.
Fletcher H. McDowell, M.D.
Jerome B. Posner, M.D.
Donald J. Reis, M.D.
William R. Shapiro, M.D.

Associate Attending Neurologists

Jeffrey C. Allen, M.D.
Raymond H. Coll, M.D.
Kathleen M. Foley, M.D.
Thomas C. Guthrie, M.D.
Mark S. Horwich, M.D.
Gerald H. Klingon, M.D.
Henn Kutt, M.D.
David E. Levy, M.D.
Gavril W. Pasternak, M.D.
Hart deC. Peterson, M.D.
Frank Petito, M.D.
Richard W. Price, M.D.
William A. Pulsinelli, M.D.
David A. Rottenberg, M.D.
John A. Schaefer, M.D.
Gail E. Solomon, M.D.
Peter Tsairis, M.D.
Robert C. Vannucci, M.D.
Dean F. Young, M.D.
Philip H. Zweifach, M.D.

Assistant Attending Neurologists
Joshua E. Adler, M.D.
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Jesse M. Cedarbaum, M.D.
Richard P. Kraig, M.D.
Ruth D. Nass, M.D.
Nancy Nealon, M.D.
Charles P. Poliak, M.D.
Samuel Rapoport, M.D.
Donald G. Rawlinson, M.D.
Lewis Travis, M.D.
Bruce T. Volpe, M.D.
Daniel R. Wagner, M.D.
Clinical Affiliates
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Leonard S. Schleifer, M.D.
Jonathan Victor, M.D.
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Gilbert A. Block, M.D.
Orrin Devinsky, M.D.
Emanuel DiCicco-Bloom, M.D.
Oliver Dold, M.D.
Samuel E. Gandy, M.D.
Brian W. Hainline, M.D.
Barry D. Jordan, M.D.
Harriet Kotsoris, M.D.
Bradford A. Navia, M.D.
Sandra L. Shefrin, M.D.
Mark J. Tramo, M.D.
Amy L. Wax, M.D.
Edmund Woo, M.D.
Clinical Fellows
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Mark T. Jennings, M.D.
Sol N. Mora, M.D.
Richard Payne, M.D.
Peter C. Phillips, M.D.
Lawrence Recht, M.D.

Obstetrics and Gynecology
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William J. Ledger, M.D.
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Myron I. Buchman, M.D.
Thomas A. Caputo, M.D.
E. William Davis, Jr., M.D.
Fritz Fuchs, M.D.
William P. Given, M.D.
Edward A. Graber, M.D.
Arthur V. Greeley, M.D.
Walter B. Jones, M.D.
Elmer E. Kramer, M.D.
Robert Landesman, M.D.
John L. Lewis, Jr., M.D.
Joseph N. Nathanson, M.D.
Richard A. Ruskin, M.D.
Samuel F. Ryan, M.D.
William J. Sweeney III, M.D.

Associate Attending Obstetricians and Gynecologists
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Ronald M. Caplan, M.D.
Lars L. Cederqvist, M.D.
John T. Cole, M.D.
Jerome G. Davis, M.D.
Frederick W. Martens, M.D.
Bernard N. Nathanson, M.D.
Melville A. Platt, M.D.
Desider J. Rothe, M.D.
Frederick Silverman, M.D.
E. Thomas Steadman, M.D.
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ina Cholst, M.D.
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Richard J. Derman, M.D.
Maurice L. Druzin, M.D.
Vincent du Vigneaud, Jr., M.D.
George B. Feldman, M.D.
Joseph Finkelstein, M.D.
Jennie A. Freiman, M.D.
Wilma Gladstone, M.D.
Enayat Hakim-Elahi, M.D.
Marcia A. Harris, M.D.
Andre Heltai, M.D.
Barbara Joyce Huffaker, M.D.
Edward I. Jacobson, M.D.
David F. James, M.D.
Radoslav Jovanovic, M.D.
Robert E. Kaye, M.D.
Alan A. Kessler, M.D.
Louis J. Lissak, M.D.
Robert N. Melnick, M.D.
Edward K.C. Mok, M.D.
Gideon G. Panter, M.D.
Joseph I. Paris, M.D.
Reginald T. Puckett, M.D.
Zoltan I. Saary, M.D.
Kathryn A. Schrotenboer, M.D.
Ida Ellen Schwab, M.D.
Mona Mj Shangold, M.D.
Daniel Humphreys Smith, M.D.
Michael J. Strongin, M.D.
Fouad Surur, M.D.
Yvonne S. Thornton, M.D.
Attila Toth, M.D.
Miklos Toth, M.D.
William D. Walden, M.D.
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Anne T. Corsa, M.D.
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Sona I. Degann, M.D.
Amelia A. Erickson, M.D.
Kim C. Fletcher, M.D.
Steven C. Goldberg, M.D.
Julia C. Gray, M.D.
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Karen E. Mehalek, M.D.
David M. Roth, M.D.
Gerardo San Roman, M.D.
Robert I. Sassoon, M.D.
Joseph T. Schifilliti, M.D.
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Clinical Fellow
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Ophthalmology
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Robert M. Ellsworth, M.D.
Frederick A. Jakobiec, M.D.
Ira H. Kaufman, M.D.
Harvey A. Lincoff, M.D.
Alfred E. Mamelok, M.D.
Walter L. Peretz, M.D.
Donald M. Shafer, M.D.
Richard C. Troutman, M.D.
Philip H. Zweifach, M.D.
Associate Attending Ophthalmologists
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Stephen Bloomfield, M.D.
Thomas D. Cherubini, M.D.
Laurence Harris, M.D.
David B. Karlin, M.D.
Peter Laino, M.D.
Suzanne Veronneau, M.D.
Michael Yablonski, M.D.
Lawrence Yannuzzi, M.D.
Associate Attending Physician
F. David Kitchin, M.D.
Assistant Attending Ophthalmologists
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Barry M. Belgorod, M.D.
Stanley Chang, M.D.
Vincent P. deLuise, M.D.
Yale L. Fisher, M.D.
Judith E. Gurland, M.D.
Barrett G. Haik, M.D.
Murk-Hein Heinemann, M.D.
Yaffa Kahanowicz, M.D.
Mark A. Lieberman, M.D.
Norman B. Medow, M.D.
Richard S. Muchnick, M.D.
Gerard M. Nolan, M.D.
Peter M. Odell, M.D.
David B. Pearce, M.D.
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Clifford M. Ratner, M.D.
Calvin W. Roberts, M.D.
James Schutz, M.D.
Jesse L. Sigelman, M.D.
Michael B. Starr, M.D.
Timothy P. Sullivan, M.D.
Eugene Weise, M.D.
Andrew W. Wendling, M.D.
Wayne G. Whitmore, M.D.
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Ophthalmologist
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Scott E. Brodie, M.D.
Scott H. Greenstein, M.D.
Gregory K. Harmon, M.D.
Lauren R. Rosecan, M.D.
Marian R. Rubenfeld, M.D.
Robert A. Weiss, M.D.
Gloria Wu, M.D.

Otorhinolaryngology
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Attending Otorhinolaryngologist
James A. Moore, M.D.
Roy B. Sessions, M.D.
John R. Williams, M.D.
Associate Attending Otorhinolaryngologist
Norman J. Pastorek, M.D.
W. Shain Schley, M.D.
John H. Seward, M.D.
Assistant Attending Otorhinolaryngologist
Lloyd R. Dropkin, M.D.
William F. Flynn, M.D.
Inocencio C. Kho, M.D.
Thomas C. McLure, III, M.D.
Samuel Nodelman, M.D.

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Joseph H. Berger, M.D.
Robert J. Fieldman, M.D.
Louis A. Modica, M.D.
Bhaskar D. Power, M.D.
Robert F. Ward, M.D.

Pathology

Medical Staff

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Carl G. Becker, M.D.
Frederick A. Jakobiec, M.D.
Aaron Kellner, M.D.
Elmer E. Kramer, M.D.
N. Scott McNutt, M.D.
Myron R. Melamed, M.D.
Robert C. Mellors, M.D.
C. Richard Minick, M.D.
George E. Murphy, M.D.
Charles A. Santos-Buch, M.D.

Associate Attending Pathologists
Daniel R. Alonso, M.D.
Peter G. Bullough, M.D.
Janet A. Mouradian, M.D.
Carol K. Petito, M.D.
Myron Susin, M.D.
Carl F.W. Wolf, M.D.

Assistant Attending Pathologists
M. Lita Alonso, M.D.
James B. Amberson, M.D.
Margaret H.S. Clements, M.D.
Winston G. Harrison, M.D.
Christine L. Honig, M.D.
June H. Koizumi, M.D.
Margret L.S. Magid, M.D.
Powers Peterson, M.D.
Suzanne M. Selvaggi, M.D.

Clinical Affiliates
Henry W. Murray, M.D.
Donald G. Rawlinson, M.D.

Professional-Associate Staff

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Laurence B. Senterfit, Sc.D.

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Brian K. Chamides, M.D.
Edward F. DiCarlo, M.D.
Michael Ferenc, M.D.
Adolfo Firpo, M.D.
H. Vance Fletcher, M.D.
Thomas D. Hickey, M.D.
Caren Jahre, M.D.
Henry R. Jakubovic, M.D.
Alexander S. Knisely, M.D.
Susan Morgello, M.D.
Gregory J. Naus, M.D.
Clifford M. Snapper, M.D.
Annie M. Strupp, M.D.
David L. Wuest, M.D.

Interns
George A. Evans, M.D.
Anand Jagannath, M.D.
Mark R. McClung, M.D.
Ann E. McCullough, M.D.
Marla Onishi, M.D.

Clinical Fellow
Marina Gerber, M.D.

Pediatrics

Medical Staff

Pediatrician-in-Chief
Maria I. New, M.D.

Attending Pediatricians
Peter A. McF. Auld, M.D.
Paul F. de Gara, M.D.
Kathryn H. Ehlers, M.D.
Mary Allen Engle, M.D.
James L. German, III, M.D.
Robert J. Haggerty, M.D.
Margaret W. Hilgartner, M.D.
Alfred N. Krauss, M.D.
Aaron R. Levin, M.D.
Charlotte Lissauer, M.D.
Florence N. Marshall, M.D.
Wallace W. McCrory, M.D.
Denis R. Miller, M.D.
Rebecca F. Notterman, M.D.
Richard J. O'Reilly, M.D.
George M. Owen, M.D.
Irwin Rappaport, M.D.
Alfred L. Scherzer, M.D.
Mervin Silverberg, M.D.
Charlotte T.C. Tan, M.D.

Attending Psychiatrist
Theodore Shapiro, M.D.

Associate Attending Pediatricians
Richard R. Bass, M.D.
William R. Brown, Jr., M.D.
Benedict S. Caterinicchio, M.D.
Leon I. Charash, M.D.
Fredric Daum, M.D.
Alan P. DeMayo, M.D.
Paul J. Edelson, M.D.
Zulema F. Fischbarg, M.D.
William W. Frayer, M.D.
Fereshteh Ghavimi, M.D.
Armando E. Grassi, M.D.
Lawrence Helson, M.D.
Martin H. Jacobs, M.D.
Matthew R. Kaplan, M.D.
Arthur A. Klein, M.D.
Rudolph L. Leibel, M.D.
Wan Ngo Lim, M.D.
Ralph I. Lopez, M.D.
Alicejane L. Markenson, M.D.
Virginia C. Mitty, M.D.
Karl Neumann, M.D.
Songya Pang, M.D.
Hart deC. Peterson, M.D.
Virginia E. Pomeranz, M.D.
Gerald Rosen, M.D.
Melvin Rosh, M.D.
William T. Seed, M.D.
David I. Smith, M.D.
Gail E. Solomon, M.D.
Josef Soloway, M.D.
Peter G. Steinherz, M.D.
Robert C. Vannucci, M.D.
Stanley S. Zipser, M.D.

Associate Attending Neurologist
Jeffrey C. Allen, M.D.

Associate Attending Psychiatrist
Miriam Sherman, M.D.

Associate Attending Radiologists
Paul W. Brill, M.D.
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Suroor Alam, M.D.
Barry C. Altura, M.D.
Paul M. Baker, M.D.
Franz-Josef Baska, M.D.
Otto E. Billo, M.D.
Renee M. Brilliant, M.D.
Joel Brochstein, M.D.
Arthur E. Brown, M.D.
Jeffrey L. Brown, M.D.
James B. Bussel, M.D.
Brenda Caparros, M.D.
Ralph E. Caprio, M.D.
Walter T. Carpenter, M.D.
Barbara A. Dash, M.D.
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Anne E. Dyson, M.D.
Gloria T. Edis, M.D.
Murray Engel, M.D.
Samuel S. Fager, M.D.
John J. Ferry, Jr., M.D.
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Eric F. Grabowski, M.D.
Kenneth J. Higgins, M.D.
Mary T. Horan, M.D.
Paul Horowitz, M.D.
Stewart Kaplan, M.D.
Katherine J. Karlsrud, M.D.
Daniel B. Kessler, M.D.
Ben Kritchman, M.D.
Joseph H. Kutch, M.D.
Alberto Lacoius-Petruccelli, M.D.
Edmund F. LaGamma, M.D.
Uri Lavy, M.D.
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Frank N. Medici, M.D.
Paul A. Meyers, M.D.
Ruth D. Nass, M.D.
Florence A. Nolan, M.D.
Sharon E. Oberfield, M.D.
John E. O'Loughlin, M.D.
Rajendra Pahwa, M.D.
Paul E. Palumbo, M.D.
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Reuben H. Reiman, M.D.
Lewis Reisman, M.D.
Andrew S. Rosenblum, M.D.
Ingrid K. Rosner, M.D.
Alina A. Serdakowska, M.D.
Maurice A. Shinefield, M.D.
Donald R. Skog, M.D.
Michael Sorell, M.D.
Gerald M. Spielman, M.D.
William Spivak, M.D.
Joel Steckelman, M.D.
Ralph Stein, M.D.
Laurel J. Steinherz, M.D.
Mitchell A. Stevens, M.D.
Elizabeth Stoner, M.D.
Jerzy A. Szatkowski, M.D.
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Clinical Affiliates
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Marc Bestak, M.D.
Stephen Bates Billick, M.D.
Jesus Isabel Espinoza, M.D.
Diane B. Gareen, M.D.
Doris Goldberg, M.D.
Margaret Grossi, M.D.
Albert C. Holtzman, M.D.
Lisa Cooper Hudgins, M.D.
Elizabeth T. Khuri, M.D.
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Robert Rapaport, M.D.
Ernest B. Visconti, M.D.

Graduate Staff

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Kieve M. Berkwits, M.D.
Rebecca Cooper, M.D.
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David J. Emanuel, M.D.
Nunzia Fatica, M.D.
Frank L. Ferrentino, M.D.
Michael P. Fitzgerald, M.D.
Kira Geraci-Ciardullo, M.D.
David L. Hornick, M.D.
Brian Kushner, M.D.
Jong-Hyo Kwon, M.D.
Joseph Laver, M.D.
Gary Lerner, M.D.
Norma B. Lerner, M.D.
Susan E. Light, M.D.
David T. Lyons, M.D.
Bernard Member, M.D.
Richard G. Merkler, M.D.
Robin L. Nemery, M.D.
Nicholas A. Pawlowski, M.D.
Arlene S. Redner, M.D.
Charles Reisen, M.D.
Suzanne Rosenfeld, M.D.
Indira Sahdev, M.D.
Hironobu Sasano, M.D.
Marjorie Schulman, M.D.
Francine M. Siegel-Stein, M.D.
Trudy N. Small, M.D.
Sandra M. Smith, M.D.
Michael S. Snyder, M.D.
Barney Softness, M.D.
Phyllis W. Speiser, M.D.
Jean W. Temeck, M.D.
Roger A. Vega, M.D.
Randi S. Wasserman-Hoff, M.D.
Josiah Wedgwood, M.D.
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Edward S. Yanowitz, M.D.

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Margaret K. Downey, M.D.
Michael A. Giuliano, M.D.
Daine Goes, M.D.
Michael B. Grosso, M.D.
Shelley Lanzkowsky, M.D.
Richard E. LoSardo, M.D.
Leslie Magnus-Miller, M.D.
Joelle Mast, M.D.
Gary S. Mirkin, M.D.
Meryl F. Newman-Cedar, M.D.
Ursula M. Pogany, M.D.
Henry Pollack, M.D.
Joseph Quinn, M.D.
Robert Relkin, M.D.
Joseph R. Saccoccio, M.D.
Sharyn Solish, M.D.
Gil Wernovsky, M.D.
Stephen P. Winikoff, M.D.
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Interns

Annette Bamberger, M.D.
Mary Chryssiadis, M.D.
Ann DiMaio-Hunter, M.D.
Joseph H. Keogh, M.D.
Joanne Leslie, M.D.
Omar F. Patxot, M.D.
Amy Relkin, M.D.
Linda M. Riddick, M.D.
Laurence Rosenfield, M.D.
Matthew D. Sadof, M.D.
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Psychiatry

Medical Staff

Psychiatrist-in-Chief

Robert Michels, M.D.

Attending Psychiatrists

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Jose Barchilon, M.D.
Eric T. Carlson, M.D.
Arnold M. Cooper, M.D.
Helen E. Daniells, M.D.
Aaron H. Esman, M.D.
Samuel L. Feder, M.D.
Frederic F. Flach, M.D.
Lawrence Friedman, M.D.
William A. Frosch, M.D.
Sheldon Gaylin, M.D.
Ira D. Glick, M.D.
Jimmie C.B. Holland, M.D.
Helen S. Kaplan, M.D.
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James F. Masterson, Jr., M.D.
Jacques M. Quen, M.D.
Clifford J. Sager, M.D.
Theodore Shapiro, M.D.
Daniel N. Stern, M.D.
Peter E. Stokes, M.D.
John A. Talbott, M.D.
Milton Viederman, M.D.

Attending Psychiatrist (Behavioral Science)

Gerard P. Smith, M.D.

Attending Neurologist

Donald J. Reis, M.D.

Attending Physician

Abdol H. Samiy, M.D.

Associate Attending Psychiatrists

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Ann H. Appelbaum, M.D.
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Bruce L. Ballard, M.D.
Harvey H. Barten, M.D.
H. Robert Blank, M.D.
Hyam Bolocan, M.D.
J. Warren Brown, M.D.
Edwin H. Church, M.D.
E. Gerald Dabbs, M.D.
Morton S. Eisenberg, M.D.
Allen J. Frances, M.D.
Richard J. Frances, M.D.
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Assistant Physiatrists
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Phil C. Cambe, M.D.
Reuben S. Ingber, M.D.
Kenneth H. Kline, M.D.
Ronald M. Schilling, M.D.
Irene Von Estorff, M.D.

Surgery

Surgeon-in-Chief
G. Thomas Shires, M.D.

General Surgery

Medical Staff

Attending Surgeons
William A. Barnes, M.D.
Murray F. Brennan, M.D.
Jerome J. DeCosse, M.D.
Peter Dineen, M.D.
Hollon W. Farr, M.D.
Edward I. Goldsmith, M.D.
William R. Grafe, Jr., M.D.
William F. Nickel, M.D.
Malcolm O. Perry, M.D.*
S. Frank Redo, M.D.**
Albert L. Rubin, M.D.
Kurt H. Stenzel, M.D.

Attending Surgeon-in-Charge — Vascular Surgery Division
**Attending Surgeon-in-Charge — Pediatric Surgery Division*

Bjorn Thorbjarnarson, M.D.
George E. Wantz, M.D.
John C. Whitsell, II, M.D.

Associate Attending Surgeons

Jhoong S. Cheigh, M.D.
Robert L. Clarke, M.D.
George N. Cornell, M.D.
Armand F. Cortese, M.D.
John M. Daly, M.D.
Cleon W. Goodwin, M.D.
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Manikkam Suthanthiram, M.D.
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Assistant Attending Surgeons

Anthony C. Antonacci, M.D.
John M. Aronian, M.D.
Jacqueline Chami, M.D.
William T. Curry, M.D.
John Mihran Davis, M.D.
Kenyon B. Field, M.D.
Jerome Finkelstein, M.D.
James P. Gaston, M.D.
Stephen F. Lowry, M.D.
Michael R. Madden, M.D.
Carmine J. Mauro, M.D.
Eugene Nowak, M.D.
Stuart D. Saal, M.D.
David S. Speer, M.D.
Harry Statman, M.D.

Clinical Affiliates

David A. Mayer, M.D.
Earl A. O'Neil, M.D.

Professional-Associate Staff

Surgeons' Assistants

Daryl Davidson, S.A.
Bettye Epstein, S.A.
Donna Hamilton, S.A.
David Johnson, S.A.
Nancy Kuchta, S.A.
John Lee, S.A.
Mary Lombardi, S.A.
Geoffrey O'Sullivan, S.A.
Andrea Portenoy, S.A.
Linda Radano-Kovacs, S.A.
Howard F. Rose, S.A.
Randy Tymon, S.A.
William Wong, S.A.

Graduate Staff

Clinical Fellows

Andrew A. Bailey, M.D.
Andrew B. Covit, M.D.
Paul L. Fine, M.D.
Paul H. Halebian, M.D.
Glenn Horowitz, M.D.
Adrian Legaspi-Sauter, M.D.
Thomas J. Martin, M.D.
Alison Norris, M.D.
Mohan K. Rao, M.D.
John Paul Roberts, M.D.
John C.L. Wang, M.D.

Surgeons

Philip S. Barie, M.D.
Jon R. Cohen, M.D.
Thomas L. Facelle, M.D.
Karen M. Kostroff, M.D.
Brent W. Miedema, M.D.
David L. Rayfield, M.D.
Newell Robinson, M.D.

Assistant Surgeons

James D. Albert, M.D.
Gabriel S. Aldea, M.D.
William A. Anderson, M.D.
David W. Andrews, M.D.
James P. Anthony, M.D.
Allyson A. Askew, M.D.
Guy T. Bernstein, M.D.
Anne Marie Billingsley, M.D.
Mary S. Brady, M.D.
Anthony C. Cahan, M.D.
David Calcagno, M.D.
Andrew M. Casden, M.D.
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James L. Clarke, M.D.
Lawrence H. Durban, M.D.
Jean-Francois Eid, M.D.
David E. Eisenbud, M.D.
Gary A. Fantini, M.D.
Beth Fisher, M.D.
Neil B. Friedman, M.D.
Andrew I. Glantz, M.D.
Mark S. Gordon, M.D.
Jeffrey I. Gorelick, M.D.
Robert T. Grant, M.D.
H. Stephen Hudgens, M.D.
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Mark L. Silen, M.D.
Angela M. Soto, M.D.
Kevin J. Tracey, M.D.
Brent F. Treiger, M.D.
Elaine E. Vellas, M.D.
Giles F. Whalen, M.D.
Eric B. Whitacre, M.D.

Cardiothoracic Surgery

Medical Staff

Attending Surgeon-in-Charge

William A. Gay, Jr., M.D.

Attending Surgeons

Cranston W. Holman, M.D.
George R. Holswade, M.D.

Associate Attending Surgeons

John C. McCabe, M.D.
Arthur J. Okinaka, M.D.
Valavanur Subramanian, M.D.

Assistant Attending Surgeon

Paul E. Stelzer, M.D.

Graduate Staff

Thoracic Surgeons

S.V. Karwande, M.D.
Robert A. Reichert, M.D.

Assistant Thoracic Surgeons

Michael E. Burt, M.D.
Carolyn E. Reed, M.D.

Dental and Oral Surgery

Medical Staff

Attending Oral Surgeon-in-Charge

Stanley J. Behrman, D.M.D

Attending Dentist

John J. Putnam, D.D.S.

Associate Attending Dentists (Periodontist)

Seymour M. Koteen, D.D.S.

Associate Attending Dentists (Prosthodontists)

Gerald M. Galvin, D.D.S.
Jason C. Lee, D.D.S.
Ivin B. Prince, D.D.S.

Associate Attending Dentists

Lawrence A. Behrman, D.D.S.
Ernest R. Piccaro, D.D.S.

Associate Attending Dentist (Endodontist)

Nelson I. Mendell, D.M.D.

Associate Attending Dentist (Orthodontist)

Joseph D. Davis, D.D.S.

Associate Attending Dentist (Roentgenologist)

J. Kenneth Schmidt, D.M.D.

Associate Attending Dentist (TMJ)

Leonard E. Quitt, D.D.S.

Associate Attending Dentist (Myo-Functional Therapy)

Harvey Miller, D.D.S.

Assistant Attending Oral Surgeons

Steven M. Baum, D.D.S.
Thomas M. Darrigan, D.D.S.
Arthur C. Elias, D.M.D.
Michael R. Glogoff, D.M.D.
Jerry L. Halpern, D.D.S.
Andrew Hauser, D.D.S.
Claudia Kaplan, D.D.S.
Frederick M. Lifshey, D.D.S.
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Harvey S. Shandler, D.M.D.
Steven J. Tunick, D.M.D.

Assistant Attending Dentists

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Robert Karsten, D.D.S.
Barry M. Libin, D.D.S.
Louis J. Marino, D.D.S.
Jonathan Prince, D.D.S.
Steven P. Saltzman, D.D.S.

Assistant Attending Dentist (Endodontist)

Joseph M. Leavitt, D.D.S.

Assistant Attending Dentists (Pedodontists)

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Jack L. Mitchell, D.D.S.

Assistant Attending Dentist (Orthodontist)

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Assistant Attending Dentists (Periodontists)

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George W. Sferra, Jr., D.D.S.

Clinical Affiliate (Oral Surgeon)

Joseph J. Zito, D.D.S.

Clinical Affiliate (Orthodontists)

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Gregory W. Sanford, D.M.D.

Graduate Staff

Oral Surgeon

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Assistant Oral Surgeon

Sidney B. Eisig, D.D.S.

Intern in Oral Surgery

Gary Ruth, D.D.S.

Interns — General Practice Residency Program

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Neurosurgery

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Surgeon

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Jack P. Rock, M.D.
Robert B. Snow, M.D.

Orthopedics*

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John N. Insall, M.D.
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Leon Root, M.D.
Eduardo A. Salvati, M.D.
L. Ramsey Straub, M.D.

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John P. Lyden, M.D.
Peter J. Marchisello, M.D.
Ralph C. Marcove, M.D.
Thomas P. Sculco, M.D.
Russell F. Warren, M.D.

*Chief, Combined Fracture Service
The New York Hospital —
The Hospital for Special Surgery

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Richard R. McCormack, M.D.
Jeanne R. Pamilla, M.D.
Paul M. Pellicci, M.D.
Konstantin P. Velis, M.D.
Thomas L. Wickiewicz, M.D.

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Roger Antoine, M.D.
Richard M. Bochner, M.D.
John J. Callaghan, M.D.
Ernest U. Conrad, III, M.D.
Robert H. Feldman, M.D.
Douglas L. Gollehon, M.D.
John H. Healey, M.D.
Norman A. Johanson, M.D.
Steven R. McCoy, M.D.
Robert L. Merkow, M.D.
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Richard A. Rosa, M.D.
Robert E. Schwartz, M.D.
Domenick J. Sisto, M.D.
Russell E. Windsor, M.D.
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Abraham T. Appleton, M.D.
Oheneba Boakye-Adjei, M.D.
Roberta Brockman, M.D.
Gordon A. Brody, M.D.
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Sean T. Hanley, M.D.
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James W. Smith, M.D.
Assistant Attending Surgeons
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Joseph Feinberg, M.D.
Gerald Imber, M.D.
Kenneth O. Rothaus, M.D.
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B. Donald Sklansky, M.D.
Clinical Affiliates
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Edward W. Powers, M.D.

Graduate Staff
Surgeons
Joseph M. Poher, M.D.
Farhad Rafizadeh, M.D.
Farrokh Shafaie, M.D.
Assistant Surgeons
Elizaheth Almeyda, M.D.
Martin E. Kessler, M.D.
Carroll B. Lesesne, M.D.

Urology
Medical Staff
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Attending Surgeons
John W. Draper, M.D.
John G. Keuhnelian, M.D.
Russell W. Lavengood, Jr., M.D.
Victor F. Marshall, M.D.
John H. McGovern, M.D.
Edward C. Muecke, M.D.
Willet F. Whitmore, Jr., M.D.
John J. Williams, M.D.
Associate Attending Surgeons
John W. Coleman, Jr., M.D.
Harry W. Herr, M.D.
David T. Mininberg, M.D.
W. Reid Pitts, Jr., M.D.
Jon M. Reckler, M.D.
Assistant Attending Surgeons
Neil H. Bander, M.D.
John A. Fracchia, M.D.
Marc Goldstein, M.D.
James P. McCarron, Jr., M.D.
Thomas P. McGovern, M.D.
Piero O. Niceta, M.D.
Robert A. Riehle, Jr., M.D.
Clinical Affiliates
John Byrne, M.D.
Robert S. Waldbaum, M.D.

Graduate Staff
Clinical Fellows
Ganesan Gnanasekaram, M.D.
Marcus H.H. Loo, M.D.
Surgeons
Steven M. Schlossberg, M.D.
R. Ernest Sosa, M.D.
Assistant Surgeons
H. Ballentine Carter, M.D.
Jack Dwosh, M.D.
Harold I. Genvert, M.D.
Kenneth R. Kurz, M.D.
Brian Saltzman, M.D.
Peter N. Tiffany, M.D.

Directors of Laboratories

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Biochemist-in-Chief
Alton Meister, M.D.

Clinical Biochemistry
Director
Gordon Fairclough, Ph.D.
Assistant Directors
James Cornell, Ph.D.
Edward Schubert, Ph.D.

CLINICAL PATHOLOGY LABORATORIES
Pathologist-in-Chief
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Laboratory Manager
Marvin Tessler, Ph.D.

Blood Bank
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Carl F.W. Wolf, M.D.
Assistant Director
Aaron Kellner, M.D.

Clinical Hematology
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Carl G. Becker, M.D.

Clinical Microbiology
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Cytogenetics
Director
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Cytology
Director
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Surgical Pathology
Director
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Clinical Laboratory Data Processing
Coordinator
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CLINICAL DIAGNOSTIC LABORATORIES, DIRECTORS

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Cardiac Catheterization, Adult
Jeffrey Borer, M.D.

Cardiac Catheterization, Pediatrics
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Cardiac Graphics, Adult
Paul B. Kligfield, M.D.

Cardiac Graphics, Pediatrics
Kathryn H. Ehlers, M.D.

Electroencephalography
Gail E. Solomon, M.D.

Neurophysiology
Samuel Rapoport, M.D.

Nuclear Medicine
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Pediatric Exercise
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Pulmonary Function
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Division of Nursing
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Linda Pfingsten, M.S., R.N.
Executive Assistant Director for Educational Programs
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Operating Room/Recovery Room
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Obstetrical/Gynecological/ Pediatric Nursing
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Ambulatory Care Nursing

Basic Science Departments, Cornell University Medical College

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Richard L. Soffer, M.D. (medicine)
Kurt H. Stenzel, M.D. (surgery)
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Chun-Yen Lai, Ph.D.
Carl Monder, Ph.D.
Sidney Udenfriend, Ph.D.
Associate Professors of Biochemistry
Adele L. Boskey, Ph.D.
Thomas E. Duffy, Ph.D. (neurology)
Jack Goldstein, Ph.D.
Owen W. Griffith, Ph.D.
David Hajjar, Ph.D.
Abraham Novogrodsky, Ph.D.
Robert R. Riggio, M.D. (surgery)
Suresh S. Tate, Ph.D.
Daniel Wellner, Ph.D.
Kenneth R. Woods, Ph.D.

Associate Professors of Clinical Biochemistry
Jhoong S. Cheigh, M.D.
Gordon F. Fairclough, Ph.D.
Jerald D. Gass, Ph.D.
John F. Sullivan, M.D. (surgery)

Adjunct Associate Professors of Biochemistry
Martha Eibl-Sebestyen, M.D.
Helena Gilder, M.D.
James M. Manning, Ph.D.

Assistant Professors of Biochemistry
Arthur J.L. Cooper, Ph.D. (neurology)
James S. Cornell, Ph.D.
Edward T. Schubert, Ph.D. (pediatrics)

Instructor in Biochemistry
R. Donald Allison, Ph.D.

Cell Biology and Anatomy

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(Harvey Klein Professor of Biomedical Sciences)

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Wilbur D. Hagamen, M.D.
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Toby C. Rodman, Ph.D.
Julio L. Sirlin, D.Sc.
Roy C. Swan, M.D.
(Joseph C. Hinsey Professor of Cell Biology and Anatomy)

Clinical Professor of Cell Biology and Anatomy
Allan E. Inglis, M.D. (H.S.S.)

Adjunct Professors of Cell Biology and Anatomy
Celso Bianco, M.D. (N.Y. Blood Center)
David M. Phillips, Ph.D. (Rockefeller U.)
Tomoh Masaki, Ph.D., M.D.

Visiting Professor of Cell Biology and Anatomy
Takashi Obinata, M.D.

Associate Professors of Cell Biology and Anatomy
Rosemary Bachvarova, Ph.D.
Fakhry G. Girgis, Ph.D., M.D.
Barry B. Kaplan, Ph.D.
Enrique Rodriguez-Boulan, M.D.
John C. Weber, D.D.S.

Clinical Associate Professor of Cell Biology and Anatomy
George Stassa, M.D.

Adjunct Associate Professor of Cell Biology and Anatomy
Martin D. Hamburg, Ph.D. (Suffolk Child Developmental Center)

Assistant Professors of Cell Biology and Anatomy
David Bader, Ph.D.
Moses Chao, Ph.D. (medicine)
Cheryl Drefus, Ph.D. (neurology)
John Hefton, Ph.D.
Joel D. Pardee, Ph.D.
John J. Rasweiler IV, Ph.D.
Michael Risley, Ph.D.
Doris A. Wall, Ph.D.

Adjunct Assistant Professor of Cell Biology and Anatomy
Barbara H. Hosein, Ph.D. (Rockefeller U.)

Adjunct Instructors in Cell Biology and Anatomy
Michael Panio, M.D. (H.S.S.)
Paul Pellicci, M.D. (H.S.S.)

Senior Research Associate in Cell Biology and Anatomy
Fred H. Pruslin, Ph.D.

Research Associates in Cell Biology and Anatomy
Victor DeLeon, Ph.D.
Gail Kaplan, Ph.D.
Barbara Paynton, Ph.D.
Barry Zadeh, M.D.

Senior Lecturer in Cell Biology and Anatomy
Daniel Gomez, Ph.D.

Lecturers in Cell Biology and Anatomy
Domenick Falcone, Ph.D.
Dana Stuart-Bullock, M.S.
Jacqueline M.S. Winterkorn, Ph.D.

Post-Doctoral Associates in Cell Biology and Anatomy
Marina Bouché, Ph.D.
Amado Punsalang, Ph.D.
Anuradha A. Saad, Ph.D.
Pedro Salas, M.D., Ph.D.
Doris Salas, M.D.

Teaching Assistants in Cell Biology and Anatomy
Steven Einheber, B.S.
John R. Matyas, B.A.
Fernando de Castro Reinach, B.S., M.S.

Graduate Research Assistants in Cell Biology and Anatomy
David Batter, B.S.
Alice Brock, M.S.
Charles R. Buck, B.S.
Maria Cruz-Bracno, M.S.
Doris Gunderson, M.A.
Ronald Harning, M.S.
Amita Sehgal, M.S.

Staff Associate in Cell Biology and Anatomy
James Dennis, M.A.

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Adjunct Associate Professor of Microbiology
Michael E. Wiebe, Ph.D.

Assistant Professor of Microbiology
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Lecturer in Microbiology
Sonia Zighelboim-Daum, Ph.D.

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Michiko Okamoto, Ph.D.
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Henn Kutt, M.D. (neurology)
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Bernice Grafstein, Ph.D.
Roger L. Greif, M.D. (emeritus)
Erich Heinz, M.D.
Thomas M. Maack, M.D.
John L. Stephenson, M.D. (biomathematics)

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William A. Briscoe, M.D. (medicine)

Research Professor of Physiology
Jean Sealey, D.Sc. (medicine)

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Daniel Gardner, Ph.D.
Chin O. Lee, Ph.D.
Lawrence G. Palmer, Ph.D.

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Thomas K.C. King, M.D. (medicine)
Alfred N. Krauss (pediatrics)

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Sulamita Baruch, M.D., Ph.D.
John P. Reeves, Ph.D.

Assistant Professors of Physiology
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Gustavo Frindt, M.D.
Chiann-Tso Lin, Ph.D.
Daniel A. Nachshen, Ph.D.
Mark Pecker, M.D.
Barbara M. Rayson, Ph.D.
Henry J. Sackin, Ph.D.
Bernd W. Urban, Ph.D. (anesthesiology)
Alan M. Weinstein, M.D.

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David C. Gadsby, Ph.D.
Ernest Natke, Jr., Ph.D.

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Emil Pascarelli, M.D.
Steven Phillips, M.D., M.P.H.

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Linda Gerber, Ph.D.
James H. Godbold, Jr., Ph.D.
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Mary Ellen Warshauer, M.A.
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Karolyn Siegel, Ph.D.
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Adjunct Assistant Professor of Public Health

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Visiting Lecturer

Cynthia Hosay, Ph.D.
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Instructor in Public Health

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Nancy Renick, M.S.
Peter Schnall, M.D.

Staff Associates in Public Health

Lucille Farace, M.S., R.N.
Steven Mills, M.P.H.
Michael Weisel, M.S.W.

Teaching Associates in Public Health

Lora Glass, M.S.W.
Martha Hickerson, M.S.W.
Andrea Scheidt, M.P.H.

Deaths

We record with sorrow the passing during 1983 of the following members of the center's professional staff and faculty:

Horace S. Baldwin, M.D.
Honorary Staff (Medicine)

James E. Baxter, M.D.
Associate Attending Psychiatrist

McKeen Cattell, M.D., Ph.D.
Emeritus Professor of Pharmacology

J. Herbert Dietz, M.D.
Honorary Staff (Rehabilitation Medicine)

Robert B. Fath, M.D.
Assistant Attending Physician in Psychiatry

Steven A. Lukes, M.D.
Clinical Fellow in Neurology

Samuel Sheinkman, M.D.
Assistant Attending Psychiatrist

Edward Tolstoi, M.D.
Honorary Staff (Medicine)

Mary C. Viernstein, Ph.D.
Assistant Attending Psychologist

Marjorie A. Wheatley, M.D.
Honorary Staff (Pediatrics)

Elliot D. Weitzman, M.D.
Attending Neurologist in Neurology and Psychiatry

A Gift to the New York Hospital-Cornell Medical Center

For the Guidance of Your Attorney

Gifts and bequests are an important source of funding for the New York Hospital-Cornell Medical Center. A gift to the New York Hospital-Cornell Medical Center gives aid to the ill and the distressed, supports programs that educate doctors for the future, and makes possible research to stamp out disease, helping people today and generations yet unborn.

The medical center encourages gifts without restriction so as to permit greater facility in planning and administering its extensive and complex programs of patient care, medical education and research.

If a bequest is made to the medical center, the language may be "I give and bequeath to The New York Hospital-Cornell Medical Center Fund Inc. the sum of $ _____ ."

Gifts may be made in a number of ways, such as by money (check or cash), by securities, by testamentary devise (land) or by intervivos or testamentary trust.

Because the institutions constituting the New York Hospital-Cornell Medical Center are voluntary, non-profit institutions (the New York Hospital and Cornell University Medical College) contributing to the public welfare, gifts to the medical center by individuals or corporations are exempt from income, gift and inheritance taxes to the extent and in the manner provided by federal and state laws.

An estate affairs program has been established at the medical center. The program complements its traditional sources of philanthropic support by offering deferred-giving opportunities through charitable remainder trusts that can benefit donors as well as the medical center.

The Society of the New York Hospital, which maintains The New York Hospital, is a corporation created by Royal Charter granted by King George III of England in 1771. The suggested terminology for an unrestricted devise or bequest to or for its benefit is: "I give, devise and bequeath to The Society of the New York Hospital Fund, Inc., a corporation created under the New York State Not-for-Profit Corporation Law and located in New York City, New York. . . (description of the property) to be used for the general corporate purposes of The Society of the New York Hospital as its board of directors should determine."

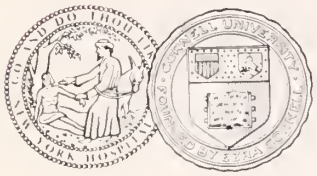
If a bequest is made to the medical college, the language may be: "I give and bequeath to Cornell University the sum of $ _____ for use in connection with its Medical College in New York City."

If it is desired that a gift or bequest shall be used in whole or in part for any specific purpose in connection with the hospital, medical college or medical center, such use may be specified.

Further information about making a gift to the hospital may be obtained from the Office of the Secretary, The Society of the New York Hospital, 525 East 68th Street, N.Y., N.Y. 10021 (472-5645). Further information about making a gift or bequest to the medical college may be obtained from the Secretary of the Cornell University Medical College, 1300 York Avenue, Room F-100, N.Y., N.Y. 10021 (472-8397).

Inquiries about gifts to the Medical Center Fund Inc. can be directed to either of the above or to Mr. Vincent J. Spinelli, Director of Development, 525 East 68th Street, New York, New York 10021 (472-6704).

The New York Hospital - Cornell Medical Center
525 East 68th Street New York, N.Y. 10021



The New York Hospital–Cornell Medical Center

1984 Annual Report

As the 1980's began, the future of biomedical science in the United States was somewhat in doubt. With the growth of federal support for research waning, it seemed possible that a great era of progress was waning as well. It was in these circumstances that the New York Hospital–Cornell Medical Center chose to reaffirm its commitment to biomedical research. An extended process of study convinced the center's leadership that by forging a partnership of private and public support — while fostering further cooperation with neighboring institutions — NYH-CMC could not only equal the achievements of the past but exceed them. This annual report chronicles the progress that has been made in realizing this ambitious goal.

Contents

Five years ago, a $500,000 grant from the Andrew Mellon Foundation made possible the development of a comprehensive forward-planning system at the New York Hospital–Cornell Medical Center. A principal goal identified by the planning process was the renewal of the center's research programs. This annual report tells of the great progress being made in realizing this objective.

At a time of intense concern about the cost of health care, it is important to note that probably no aspect of medicine is more cost-effective than research. Despite their critical role in medical progress, research and development account for less than three percent of all funds spent on health care in the United States, considerably less than is spent for this purpose in most industries. As has been said so often about higher education, if knowledge seems expensive try ignorance. This observation could well be applied to medicine, where there is no question that our ignorance is very expensive.

Since the 1950's the federal government has been the principal source of funds for biomedical research in the United States. Unfortunately, further growth of federal support must be considered uncertain at best in these years of 12-figure budget deficits. In rebuilding its science programs, therefore, the medical center has looked to its friends in the private sector, seeking to bring public and private support together in a fruitful partnership.

Our friends' response — most notably the gift of $50 million by an anonymous donor — has not only given us new resources for research but has opened the way for major initiatives in education and patient care. The C.V. Starr Pavilion, which greatly extends the center's outpatient capability, and the Hermine Neustadtl Stich Radiation Therapy Center, operated in conjunction with Memorial Sloan-Kettering Cancer Center, represent outstanding examples of what our friends have made possible. Their support is helping to maintain a setting in which our work can be carried on, at least in part, without the fetters of government restrictions and regulations.

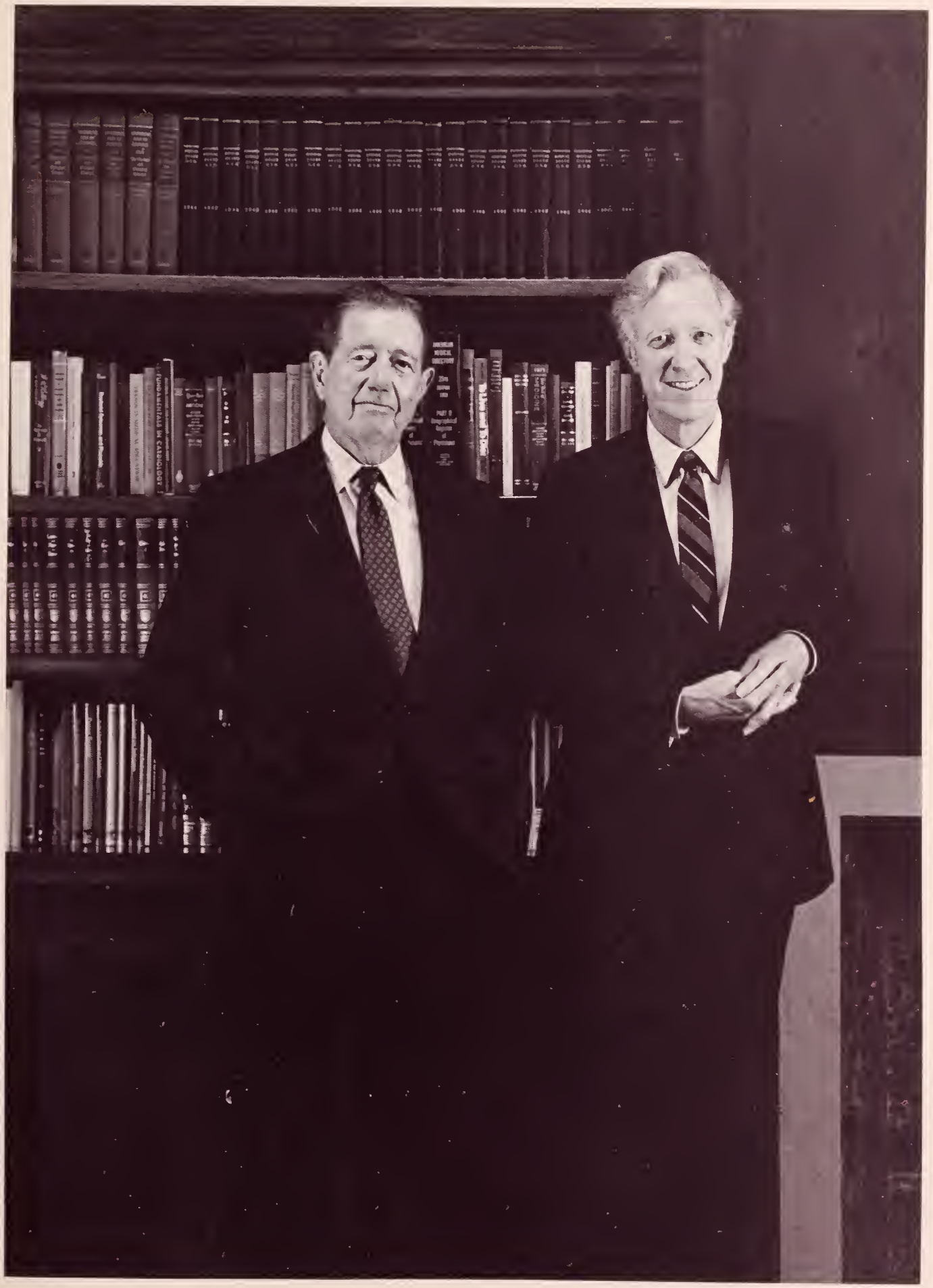
Among this center's best friends was William S. Lasdon, who died on December 9, 1984. A decade ago the generosity of Mr. Lasdon and his brothers was responsible for the construction of the Lasdon House residence; in the near future it will make possible the William and Mildred Lasdon Biomedical Research Center, the construction of which is probably the single most important element in the renewal of science at the medical center. A member of the college's board of overseers, a good friend and wise counselor, Mr. Lasdon will be greatly missed.

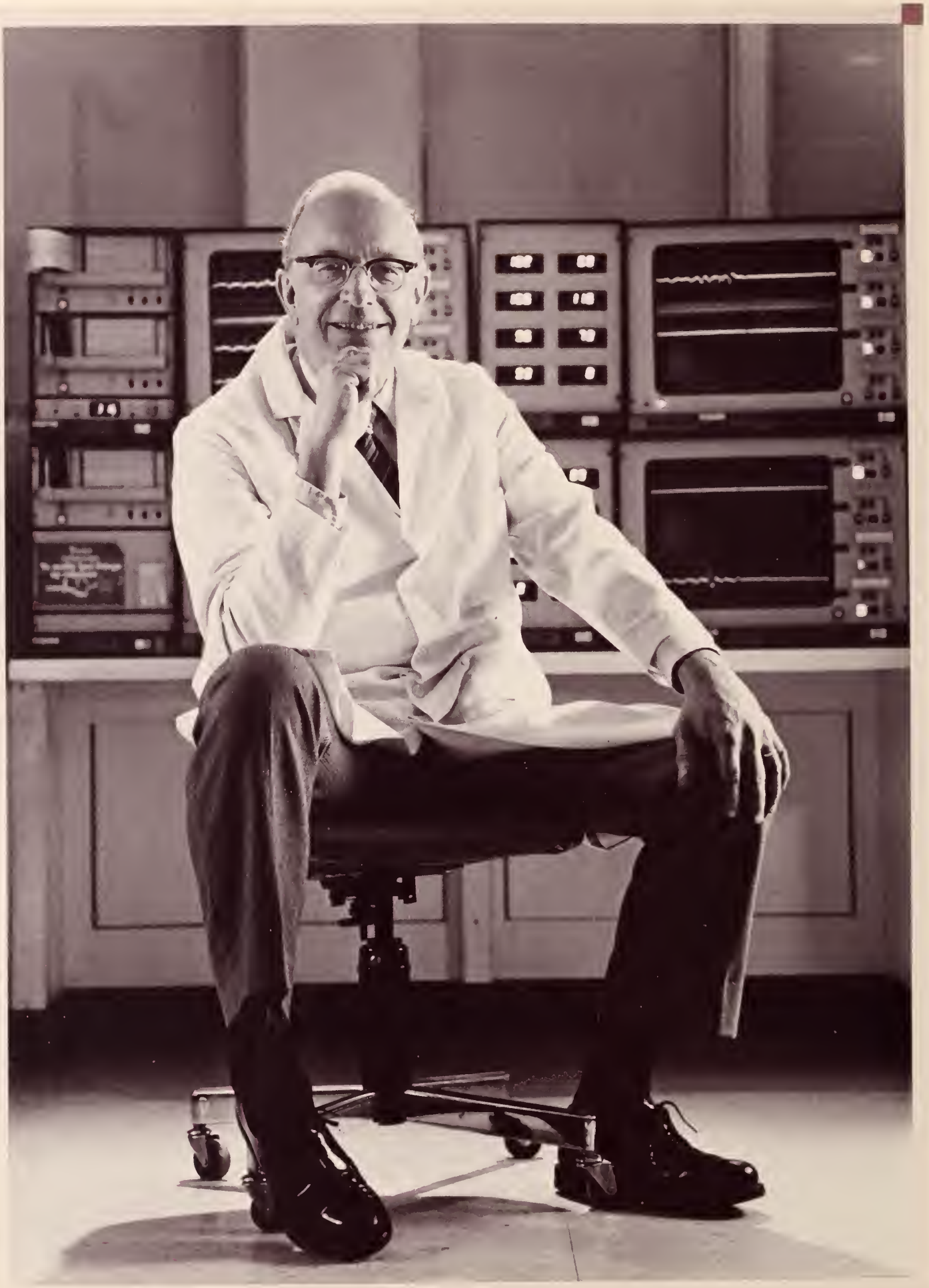
Jerome H. Holland, a governor of the hospital and trustee emeritus of the university, died on January 13, 1985. An alumnus of Cornell and one of its greatest football stars, Mr. Holland served with distinction as president of Hampton Institute, in Virginia, and as United States ambassador to Sweden. His contributions to the university and medical center — part of an inspiring record of public service — will long be remembered.

On behalf of the board of governors of the hospital and board of overseers of the medical college, we thank the many physicians, faculty, staff and friends who helped make 1984 a successful year for this medical center.

Robert S. Hatfield
Chairman of the Joint Board, 1985

Frank H.T. Rhodes
Chairman of the Joint Board, 1984





As a medical student, house officer, and faculty member at this medical center, I was privileged to know many of the scientists who made research a great tradition here. Among them were Dr. George Papanicolaou, who was instrumental in the development of the Pap test; Dr. Vincent du Vigneaud, who won the Nobel Prize in Chemistry in 1955 for synthesizing the hormone that initiates labor in childbirth; and Dr. Robert Pitts, whose studies of kidney physiology made a key contribution to the development of diuretic drugs. These were three of the bright stars in our galaxy.

The center's current scientific renewal testifies to our enduring commitment to research. It also demonstrates the viability of the planning process inaugurated here in 1979 after a period of largely unplanned growth. Assigning a high priority to research, it has spelled out objectives and ways to reach them.

Patient care, education and research are all essential to the center's mission. Planning remains our vehicle for innovation in all three.

—Dr. David D. Thompson
Director, The New York Hospital

When Cornell University Medical College opened, in October 1898, a highlight of opening exercises was an address by the university's president, Jacob Gould Schurman. Known as a powerful orator, President Schurman did not mince words. "What is needed for the training of physicians and surgeons today?" he asked. "I answer, first, science; secondly, science; thirdly, science. If two or three generations ago medicine was, on the side of theory, pretty much where Harvey had left it in the 17th century and, on the side of practice, scarcely in advance of that of Celsus or Galen, the last half century has wrought an entire change."

It had indeed. As Schurman spoke, the spirit of Pasteur, Koch, Lister, Bernard, Virchow, and many others was transforming American medicine. Age-old remedies that had done more harm than good — remedies such as cupping, bleeding, and violent purging — had been rejected once and for all. Proprietary medical schools —essentially trade schools run for profit, more than 400 of which were opened in the United States in the 19th century — were fated to close in droves, inadequate to the rigors of the new biologic science.

In their place, a new kind of institution arose on the horizon of American medicine — a partnership of university and hospital in an academic medical center. Cornell University Medical College and the New York Hospital first signed an affiliation agreement in 1913, and, when the hospital's governors subsequently developed plans for a new hospital, research and education were very much part of those plans. The culmination, made possible through the generosity of philanthropist Payne Whitney and others, was the building of a magnificent new medical center, completed in 1932 and bringing together in one place the hospital and medical college. Essentially, the establishment of the New York Hospital–Cornell Medical Center — and of other major centers across the country — was a realization of the idea that science is the key to medical progress.

The union of science and medicine quickly brought dramatic results. Between 1930 and 1954, the age-adjusted death rate in the United States fell by almost 40 percent. A host of infectious diseases that once filled the wards of the nation's hospitals were either virtually eliminated by vaccines or reduced to routine medical problems by antibiotics.

Still, many other diseases remained unsolved — among them cancer, heart disease, stroke, arthritis, schizophrenia. Spurred by the dramatic success against infectious diseases, the federal government doubled and redoubled its commitment to biomedical research. From $73 million in 1950, fed-

eral funding rose to over $5 billion in 1984, when it accounted for slightly more than half the support for health-related research in the United States.

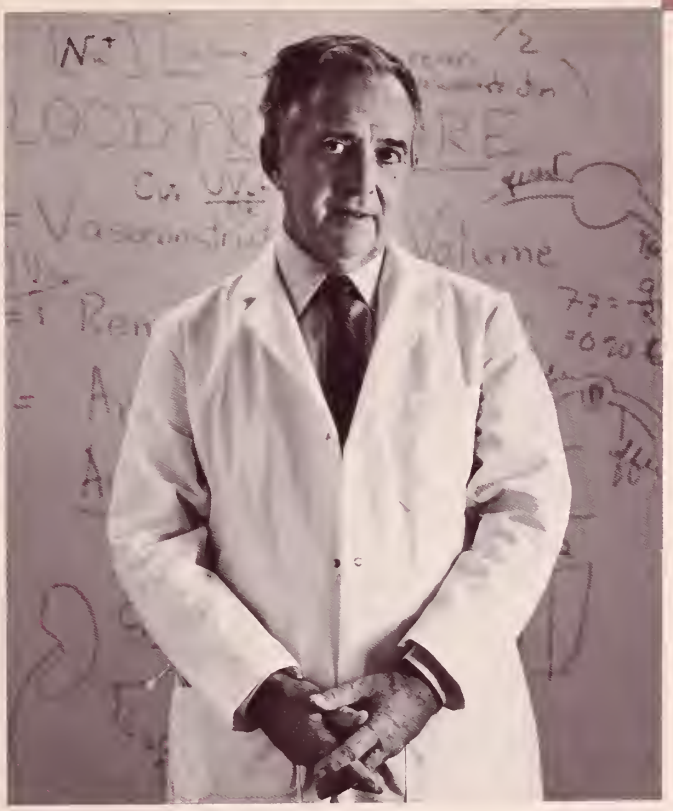
In greatly extending its commitment to biomedical science, the federal government looked principally to the nation's universities and academic medical centers. At NYH-CMC, the full-time faculty increased from fewer than 50 in 1955 to more than 400 in 1980. New scientific programs were built on a base of distinguished achievement at the medical center that included the development of the Pap test, the first laboratory synthesis of a hormone, and the development of clinical pharmacology.

The undertaking was great — but so was the challenge. "Biomedical science," writes Lewis Thomas, "is an inquiry into the unknown, and the extent and scale of unknown territory is far greater than the public has imagined." What is known today about disease has been described as an archipelago in a sea of ignorance, a state of knowledge in which fundamental questions remain largely unanswered.

At the same time, medical science has access to the secrets of human cells today in ways that scarcely could have been imagined 15 or 20 years ago. A molecular world within the cells has come into view as never before. The contrast with the recent past is as dramatic as the difference between viewing the moon through a telescope and having astronauts explore its surface.

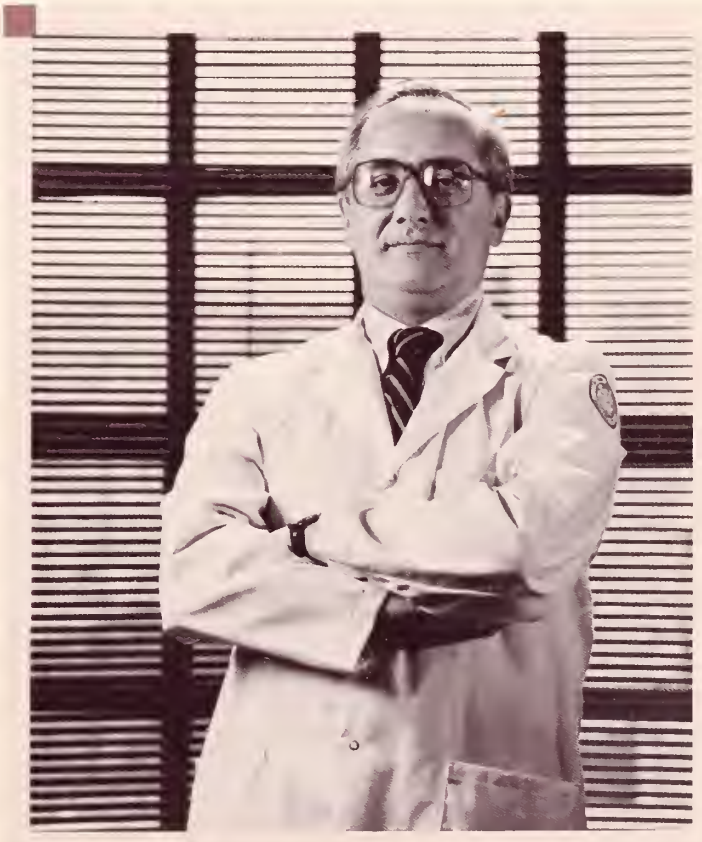
How quickly progress is made is illustrated by two papers that appeared last June in the British journal *Nature* dealing with a substance called atrial natriuretic peptide. Three years earlier scientists at Queens University in Canada had reported finding granules in the atrium of a rat's heart that, when crushed into a liquid and reinjected into live animals, caused an immediate drop in blood pressure. To Dr. John Laragh, head of the NYH-CMC cardiovascular center, the discovery presented an unprecedented opportunity: here for the first time was the promise that a natural body substance could be used to control high blood pressure. Here too was the first evidence that the heart not only pumps blood but produces a hormone-like substance.

Working with a California biotechnology firm, scientists from NYH-CMC's departments of medicine and physiology set out to define the precise factor in the granules responsible for the drop in the animals' blood pressure. Last June they announced in *Nature* that they had purified the substance, fully determined the sequence of its molecules, and synthesized it. A second paper from the two laboratories announced the cloning of the gene responsible for making the substance in heart cells, an achievement that could result before long in large-scale production of the peptide and further information on its role in the body.



Clinical research and basic research are different sides of the same coin. We learn most about hypertension by solving problems posed by the individual patient — and at this medical center we get all the toughest patients, referred from all over the country. Solving the puzzles may take a lot of very basic research. It may hinge on determining the precise molecular configuration of a site on a cell surface — but only knowledge of the disease in all its intricacy can lead us to the site and tell us how altering it will affect the patient's condition. At the hypertension center everything we do bears on man, which is why our physicians see patients at least one day a week.

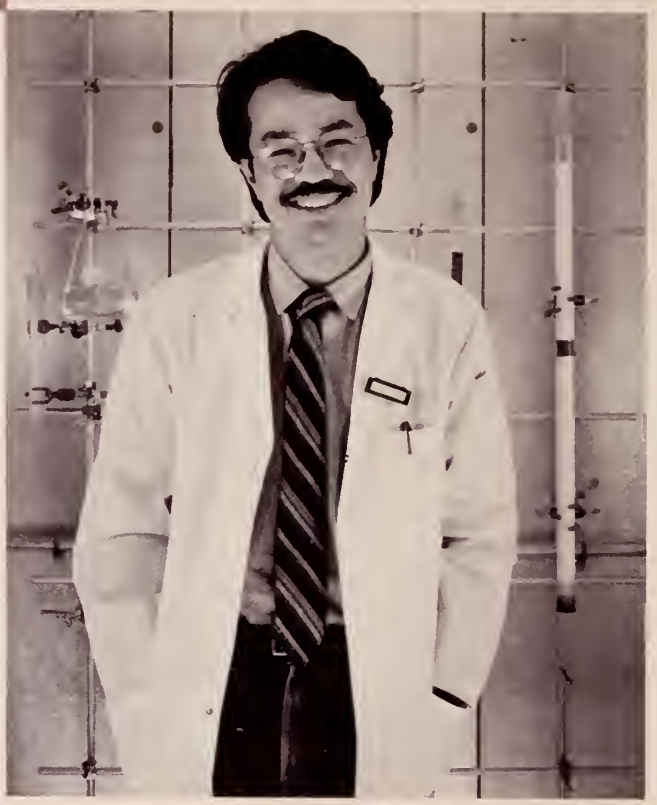
—Dr. John H. Laragh
Director, NYH-CMC
Hypertension Center



One of the most striking features of research at a great academic medical center is its immense variety. Not only are there many diseases to study, but the study of disease takes place at many levels. Nowhere, perhaps, is this range more apparent than in psychiatry, where our research ranges from the study of group processes and patterns of communication in families to the metabolic pathways of the molecules that transmit signals between cells in the brain.

The driving force behind science at a medical center is relatively simple: the unremitting reality of human disease and suffering. What makes that research so extraordinarily diverse is that disease turns out to be more subtle and complex and even fascinating than our best efforts at understanding it.

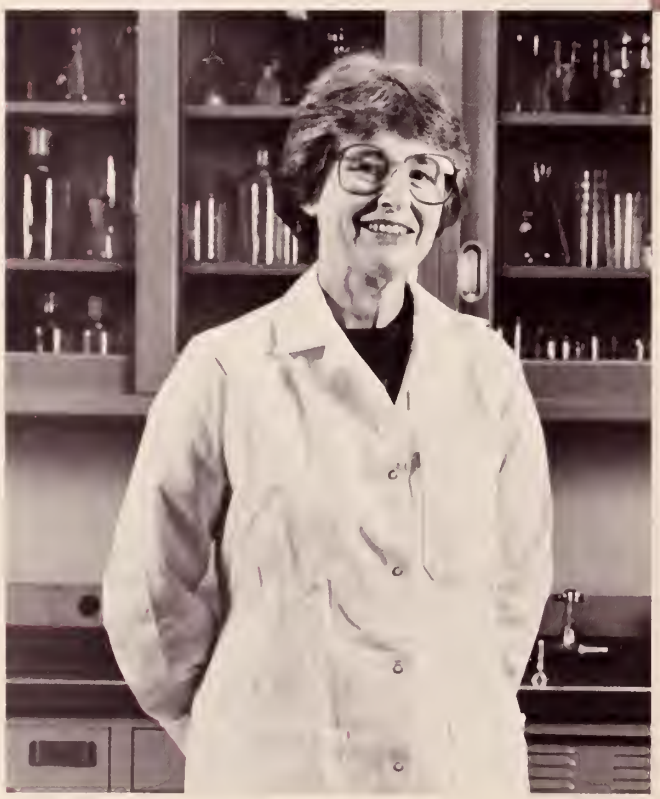
—Dr. Robert Michels
Barklie McKee Henry
Professor of Psychiatry
and Chairman



Recently the search for the underlying mechanisms of cancer has been greatly advanced by the discovery of some 20 cancer-causing genes among the more than million genes normally found in human cells. Although part of the cell's normal genetic complement, these oncogenes, as they are called, somehow have the ability to make a cell cancerous. In the medical center's new Stavros S. Niarchos Laboratories, we are using molecular biological techniques to isolate three genes that might turn out to operate like oncogenes, in the hope of learning how the three function in normal and cancerous cells.

What makes cancer such an abiding riddle is that it is so intimately related to basic cellular processes. The more we learn about the mechanisms of normal cell growth and development, the closer we come to understanding cancer.

—Dr. Moses Chao
Assistant Professor of
Cell Biology in Medicine



In neuroscience, this is a time of great expectations. New techniques in probing the physiology, chemistry, and genetics of the nervous system have brought a surge of progress within the past decade. At NYH-CMC the ferment involves many departments and often crosses departmental lines. Providing further stimulus is the presence nearby of Rockefeller University and Memorial Sloan-Kettering Cancer Center and the daily interaction among scientists of the three institutions.

The sense that major discoveries affecting mental and neurological disease will soon be within reach makes this an exciting time to be a neuroscientist, especially in the neighborhood of 68th Street and York Avenue.

—Dr. Bernice Grafstein
Vincent and Brooke
Astor Distinguished
Professor of Neuroscience

What exactly that role is and whether this substance can be used to treat high blood pressure is not yet known. What is clear is the remarkable speed with which progress is being made in understanding a substance potentially of monumental importance.

Equally exciting are new insights at the molecular level in neuroscience. In NYH-CMC's laboratory of neurobiology, headed by Dr. Donald Reis, a series of studies within the past decade has thrown new light on the intricate processes by which a group of enzymes in the brain produce adrenalin-like chemicals called catecholamines. As in much good science, the investigators, led by Dr. Tong Joh, have found themselves working both sides of a contradiction: some of their findings suggest that the enzymes involved are made by separate genes, while other findings show such a high degree of coordination in the production of the enzymes as to suggest that a single gene is responsible. In fact, it now seems likely that the genes are separate but are descended from a common ancestral gene, a finding of potential importance in sorting out some of the chemical abnormalities that come into play in mental illness.

Meanwhile, in the laboratory of developmental neurology, across York Avenue, Dr. Ira Black and his colleagues have been questioning some long-held assumptions about the ability of nerve cells to respond to changes in their environment. In the traditional view, nerve cells, or neurons, are locked into fixed patterns of communication with other neurons, transmitting an unvarying chemical message to an unchanging network of target cells. The work of Dr. Black's group, as detailed by them in a recent issue of the journal *Science*, suggests that changes in stimuli can cause neurons to release different transmitter chemicals and thereby alter the effect they have on target cells and even their ability to reach new target cells. It well may be that this newly discovered flexibility plays an important role in the nervous system's adaptation to injury.

Cancer research has taken an exciting new turn during the past decade with the discovery that a small number of genes found in normal cells seem to have the capacity to make those cells cancerous. Just how this happens and what can be done to intervene is the object of intense study at the medical center. Indeed, every day at the center work proceeds on a whole host of important biological puzzles, among them the cellular mechanisms of aging; the chemistry of thrombosis; the rhythms governing the sleep-wake cycle; and the structure of hormones and enzymes vital to many different biological processes.

Along with the need to extend the body of fundamental knowledge, biomedical science finds itself confronted daily with the more immediate responsibility of providing the best care for patients whose diseases are

not yet well understood. Thus, research and innovation involving new drugs or technology or clinical techniques constitute an immensely important part of the center's mission.

Last year, for example, NYH-CMC was one of six medical centers in the nation designated by the Food and Drug Administration to conduct clinical trials of a new machine that breaks up kidney stones by shock waves. The new machine provides a non-invasive means of removing stones, at a cost considerably below that of surgery. The C.V. Starr Pavilion, dedicated last year, points the way to a new era in patient care, in which many procedures that formerly required hospitalization can be performed without the need for even an overnight stay.

Nineteen eighty-four also marked a milestone for one of the medical center's most successful programs in clinical research. Since 1963, NYH-CMC and its Rogosin Kidney Center have pioneered in the transplantation of kidneys, and last year many beneficiaries of the procedure gathered at the medical center on Valentine's Day to mark the thousandth time this operation was performed here.

With the basic mechanisms of kidney disease still poorly understood and transplantation the best hope for thousands of its victims, considerable research is devoted to improving the success of the operation. Last year a team from the departments of biochemistry and medicine reported in *Nature* that by using substances called hydroxyl radical scavengers they could greatly inhibit the activity of natural killer cells, which play an important part in the rejection of transplanted organs. The study identified a promising approach to a clinical problem, but it also did more: it extended the body of knowledge about a basic biological mechanism of importance in many aspects of medicine. As in much of the research conducted at the medical center, a problem in clinical medicine provided the impetus for a significant finding in biological science.

Research at the New York Hospital–Cornell Medical Center cost about $40 million in 1984. It is a remarkably vigorous and productive effort, but also one not easy to sustain. Always a demanding pursuit, requiring extraordinary resources of energy and talent, science in the 1980's is a very expensive undertaking as well, with costs rising faster than federal support. Although federal appropriations for biomedical research have continued to rise, increases from 1979 to 1984 were outpaced by inflation, so that when measured in "constant" dollars federal support actually declined.

Despite this reduced federal commitment, research at the New York Hospital–Cornell Medical Center has managed to hold its own and

Perhaps the most important development in biomedical research of the past two decades has been the extraordinary increase in knowledge of how cells function at the molecular level. Molecular and developmental biology have contributed to this knowledge, which, altogether, elucidates the way human cells make innumerable different substances essential to their function. Already providing fresh clues to the causes of major diseases, this new thrust in biomedical science is clearly of fundamental importance to the future of medicine.

In essence, our current scientific renewal at NYH-CMC means ensuring a major role for this center — and, in particular, its basic-science departments — in molecular research. Our progress in recruiting new scientific talent, in renovating our research facilities, and in attracting new financial support gives me every cause for optimism about the success of this effort.

—Dr. Thomas H. Meikle Jr. The Stephen and Suzanne Weiss Dean, Cornell University Medical College

even to attract significant new federal money. Between 1978 and 1983, the funds awarded to center scientists by the National Institutes of Health, the principal source of federal biomedical support, nearly doubled, rising from $12.5 million to $24 million. Still, the tailing off of federal support and uncertainty about future funding have raised obvious questions for an institution with a strong commitment to science.

One concern was with the effect tight federal budgets might have on the resources required to attract and sustain scientific talent. As competition for grants intensifies, the competition to attract seasoned scientists intensifies as well. Further, as young scientists embarking on their careers find it difficult to attract funding, the need may arise for the center to support them with its own resources.

A second major concern was with the facilities required for research. Since 1968 federal funding has been unavailable for the construction of research facilities, and less and less money has been available for equipment. In 1980, a faculty committee studying the research needs of the medical center pointed out that one third of its laboratories had not been fully modernized since the construction of the center and were, therefore, antiquated or obsolete. The committee expressed the view that a major investment would be required for renovation of laboratories and support facilities.

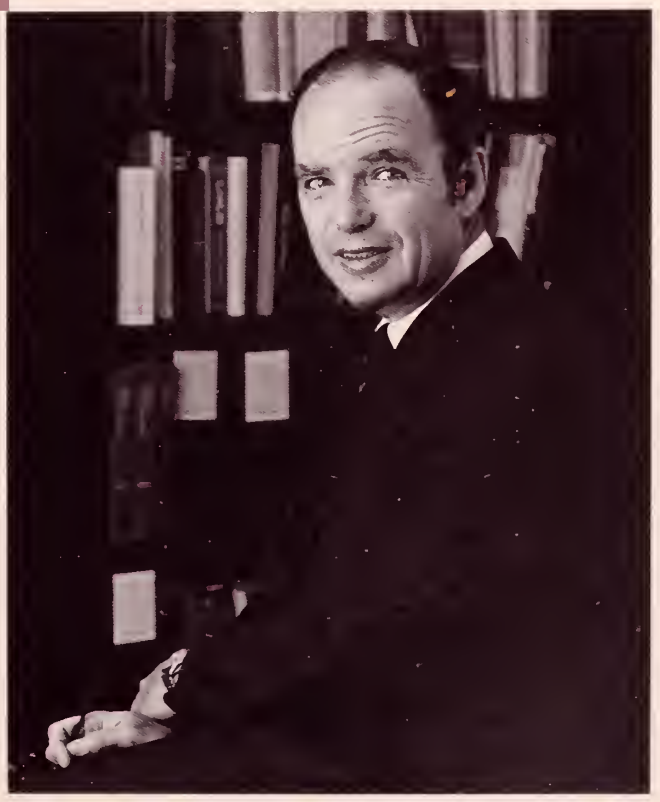
A third concern focused on the fact that a diminishing number of physicians in the nation in general and at the medical center in particular were embarking on research careers. Addressing this problem would entail an extensive review of the medical-college curriculum. It would mean expanding the college's M.D./Ph.D. program, in which students earn both degrees over a period of six or seven years. Finally, it would mean strengthening the medical center's graduate school of medical sciences, where 20 to 25 candidates a year earn their doctorates in close proximity to the practice of clinical medicine.

In reaffirming its commitment to biomedical research, the medical center has moved to address these concerns. Happily, there is considerable progress to report.

Key to an effort of this sort, of course, is attracting the required resources. In May 1982, the center announced a $300 million campaign, with renewal of its scientific program a principal goal. As 1985 begins, the campaign has passed the half-way point, moved well ahead of schedule by an anonymous $50 million gift to the medical college late in 1983. This gift, one of the largest ever made to a university, is designated for use by the medical college in support of its programs.

Although the graduate school of medical sciences confers only 10 or 12 doctorates a year at NYH–CMC, our students enhance the medical center's scientific program in vital ways. These talented young men and women provide a potential pool of faculty in the basic sciences; contribute to the research projects of more senior investigators; and, perhaps most important of all, furnish an intellectual stimulus indispensable to the life of a leading academic medical center. The generous financial support that has recently become available for student scholarships and stipends, our expanded combined M.D./Ph.D. program, and the new strength of the center's basic-science departments are a source of great confidence to all of us concerned about the future of science at this center.

—Dr. Bernard Horecker
Dean, Cornell University Graduate School of Medical Sciences

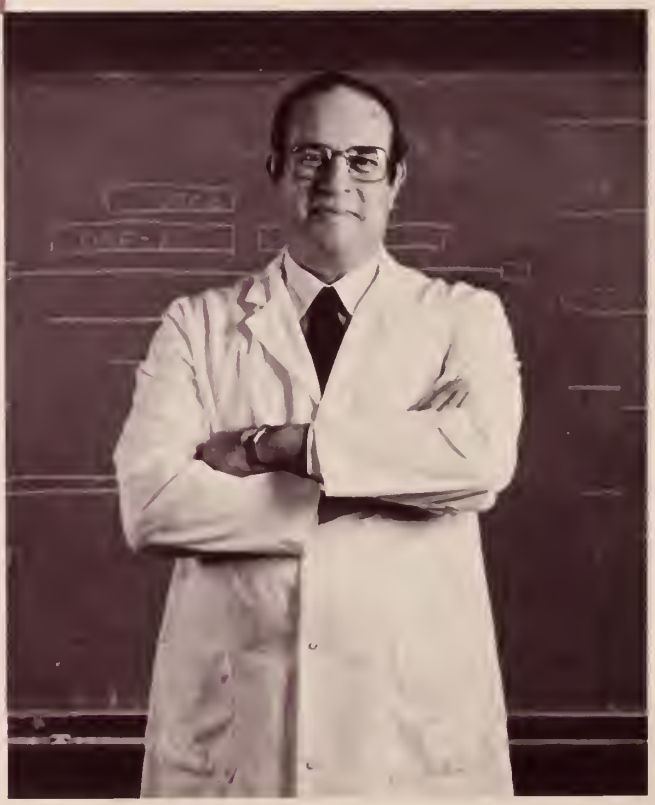


In this era of high excitement and anticipation in cancer research, there must be a constant freshening of our enterprise by the infusion of new, talented scientists and clinicians. Through the Sloan-Kettering division of the Cornell University Graduate School of Medical Sciences, this center offers challenging training opportunities for a select number of the country's top students who are pursuing Ph.D. degrees for careers in basic research or combined-degree M.D./Ph.D. programs for careers in clinical and laboratory research. Together with our distinguished neighboring institution, we are training future generations of scientists to ensure the biomedical research enterprise of tomorrow.

—Dr. Paul A. Marks
President, Memorial Sloan–Kettering Cancer Center

For as long as I can remember, I have loved mathematics, and from at least the age of 12, when my mother survived a serious illness, I have wanted to be a physician. Cornell's combined-degree M.D./Ph.D. programs enabled me to pursue my interests in both math and medicine. Studying at the Sloan–Kettering division of Cornell's graduate school of medical sciences, I earned a doctorate in biostatistics by finding ways to carry out complex chemotherapeutic trials with reduced numbers of patients. After becoming a physician this May, I hope to combine medical practice with research that applies sophisticated biostatistical techniques to clinical trials in anesthesiology.

—Dr. Stephen H. Lockhart



When Paul DeKruif wrote his classic Microbe Hunters *more than 50 years ago, microbiology was the study of a deadly enemy. To a great extent it still is, even at a time of greatly diminished death and disease from infectious organisms. But the microbial world is of compelling interest as well today for the profound insights it yields into basic mechanisms of all life. In addition, recombinant DNA technology has opened the way for whole new industries in which microorganisms are manipulated to produce biological products of great value in medicine and other fields.*

Never before, in short, has microbiology embraced so much. With its reinvigorated basic-science program and superb tradition in clinical science, this medical center offers an ideal setting, I believe, for modern microbiological research in all its great variety.

—Dr. Kenneth Berns
R.A. Rees Pritchett
Professor of Microbiology
and Chairman

As the development effort has advanced, the center has moved to recruit new scientific leadership. Following earlier appointments of new chairmen in medicine, cell biology and anatomy, and otorhinolaryngology, the center last year gained a new chairman for its department of microbiology. Dr. Kenneth Berns, the new department chairman and first R.A. Rees Pritchett Professor of Microbiology, is an authority on the means by which viruses integrate genetic material into human cells, mechanisms of great importance to a wide range of current biomedical research.

New appointments have also brought added distinction to the department of medicine: Dr. David Zakim, first Vincent Astor Distinguished Professor of Medicine, known for his studies of liver enzymology; Dr. Marvin Gershengorn, first Abby Rockefeller Mauzé Distinguished Professor in Endocrinology in Medicine, noted for his studies of the processes regulating the production of thyroid hormone; and Dr. Henry Murray, heading a research effort focusing on the body's response to infection — or the failure of that response in AIDS. Forthcoming appointments in the department will include those of Dr. Robert Campbell, an authority on metabolism and obesity, as director of the clinical research center's adult unit, and of Dr. Edward Crandall, whose research focuses on transport of substances across the alveolar capillary membrane and tracheal–bronchial tree, as head of the division of pulmonary medicine.

The selection last year of Dr. Bernard Horecker as dean of the graduate school of medical sciences brings significant new strength to the center's science leadership. A member of the National Academy of Sciences and a fellow of the American Academy of Arts and Sciences, Dr. Horecker is the author or co-author of more than 300 papers in biochemistry, microbiology, and molecular biology. As dean, he directs the masters and doctoral program in medical science conducted at NYH-CMC and Memorial Sloan–Kettering Cancer Center.

Supporting the work of young scientists also has a high priority in the renewal effort. With money from the anonymous gift, the Cornell Scholars Program has been established to provide support for promising young teacher-scientists at the level of assistant professor. Other funds from the anonymous gift have been used to establish fellowships to support Cornell's best Ph.D. and M.D./Ph.D. candidates.

Finally, crucial progress has been made in renovating and constucting scientific facilities. A major renovation of the laboratories of the department of cell biology and anatomy was completed in 1982. With the recent appointment of Dr. Berns, a much-needed reconstruction of the center's microbi-

ology facilities has been undertaken, made possible through the generosity of the Hearst Foundation and Arthur B. Belfer and family.

Critical to the center's modernization efforts is the construction of a 10-story research building on York Avenue between 68th and 69th Streets. The research building will house new laboratories for basic biomedical studies, allow for the consolidation of laboratories now scattered in various places, and provide space for the expansion and modernization of the center's library. Given the rapid advances in the technology of biomedical research, this building is nothing less than essential. The recent announcement of a gift of $7.5 million by the family of the late William S. Lasdon brings this project significantly closer to realization.

The importance of biomedical research was something that my husband, Bill Lasdon, understood very well. As a young man he and his four brothers, Jacob, Milton, Philip, and Stanley, went into the pharmaceutical business and started a firm of their own. Their experience in this industry gave them a permanent appreciation of the meaning of research and what a long, hard road it is.

Bill Lasdon, like our entire family, looked to the New York Hospital–Cornell Medical Center as one of those great institutions that not only care for those who are sick today but lay the basis for more effective care tomorrow. I cannot think of anything more appropriate to his memory than the new building that will be devoted to the advancement of science at this medical center.

—Mrs. William S. Lasdon

Fundamental knowledge of the causes of diseases is, unfortunately, hard to come by. It took almost a half century of exhaustive research on microbes before medical science could make the dramatic advances of the 1930's and 1940's. The challenge today is to quicken the process of discovery through a research effort that is both broad and intensive.

As the 1980's began, the future of this effort in the United States was somewhat in doubt. With the growth of federal support for research winding down, it seemed possible that a great era in biomedical progress was winding down as well. It was in these circumstances that the New York Hospital-Cornell Medical Center chose to reaffirm its commitment to biomedical research.

This was done not merely out of hope. An extended process of study convinced the leadership of the medical center that by forging a partnership of private and public support — while fostering further cooperation with the center's neighbors, Memorial Sloan–Kettering Cancer Center, the Rockefeller University, and the Hospital for Special Surgery — NYH-CMC could not only equal the achievements of the past but exceed them. If the events of the past several years have not yet brought that goal to realization, they have brought it a great deal closer.

Maurice Greenberg, chairman of the Starr Foundation, and Mrs. Greenberg at the dedication of the C.V. Starr Pavilion in November.

January: The most advanced pediatric intensive care unit in the New York metropolitan area opened on the third floor of the center's pediatric wing. The 12-bed unit was made possible by a grant from the Dyson Foundation . . . The second annual Cabaret! was held at the Waldorf Astoria, with Bob Hope as the featured entertainer . . . Opening ceremonies were held for the Hermine Neustadtl Stich Radiation Therapy Center, to be operated in conjunction with Memorial Sloan–Kettering Cancer Center . . . Dr. Laura Simms, head of surgical nursing and a leader in nursing education, retired after 31 years of service at the New York Hospital

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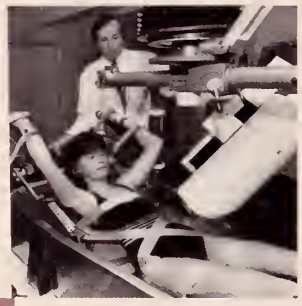
February: Ronald P. Stanton, a founding member of the medical center's advisory board, was elected to the board of governors of the Society of the New York Hospital . . . The Rogosin Kidney Center marked its one thousandth kidney transplant, with some 300 people — including former patients and their families, kidney donors and medical staff — participating in the Valentine's Day celebration.

March: The medical college and hospital announced a major affiliation agreement with the Catholic Medical Center of Brooklyn and Queens providing for the training of medical students, residents and fellows in the Catholic Medical Center's four hospitals . . . Faculty, staff, students and guests attended a special viewing of the anatomical drawings of Leonardo da Vinci at the Metropolitan Museum of Art . . . Dr. Jeffrey Borer, a professor of medicine, was appointed Gladys and Roland Harriman Professor of Cardiovascular Medicine . . . Dr. Aaron Feder, a clinical professor of medicine, was appointed as the first Irene F. and I. Roy Psaty Distinguished Professor in Clinical Medicine . . . Dr. Paul Reznikoff, emeritus clinical professor of medicine and renowned hematologist, died in Woods Hole, Massachusetts, at the age of 88.



Installed at the center in June, the Lithotripter reduces treatment and recovery times for kidney stones by pulverizing them with shock waves.

April: The medical center's Maurice R. Greenberg Distinguished Service Award, given annually to a senior member of the medical staff in recognition of exceptional and longstanding service, was presented to Dr. E. Hugh Luckey, former president of the medical center, and, posthumously, to Dr. John MacLeod, emeritus professor of cell biology and anatomy . . . More than 300 people turned out for the medical center's 10th Visitors Day to hear presentations and participate in discussions and tours of the center.

May: The medical center launched the second, and final, phase of its $300 million capital campaign. The initial phase, with a goal of $125 million, had been reached a year and a half ahead of schedule . . . A record 38 women were among the 113 students who received M.D. degrees from Cornell University at Carnegie Hall. Twenty-three students in the graduate school of medical sciences received Ph.D.'s, and two were awarded master of science degrees . . . Some 300 medical-college and medical-center alumni participated in a biennial two-day reunion.

June: Opera came to the recently opened Warner Communications Child Life Center, as tenor Placido Domingo and other professional singers performed for pediatric patients from the New York Hospital and other hospitals . . . NYH-CMC became the first center in the metropolitan area to install an extracorporeal shock wave Lithotripter, a machine that generates shock waves to pulverize kidney stones.

A gift of $1.5 million from Stephen and Suzanne Weiss, announced in July, endows the deanship of the medical college.

July: Stephen H. Weiss, a member of the Cornell University board of trustees since 1973, and his wife, the former Suzanne Rogers, made a gift of $1.5 million to endow the deanship of the medical college. Dr. Thomas H. Meikle Jr. was named the first Stephen and Suzanne Weiss Dean . . . A gift from two of New York's leading philanthropists, Frances L. and John L. Loeb, endowed the position of librarian of the medical college . . . Dr. Marvin C. Gershengorn was named to the recently endowed Abby Rockefeller Mauzé Distinguished Professorship in Endocrinology in Medicine . . . The department of obstetrics and gynecology opened its first "birthing room." A new concept in labor and delivery in hospitals, the birthing room has a home-like atmosphere, with necessary technological equipment hidden away in woodtone cabinets and closets . . . Marjorie Jonas, director of social work, retired after nearly 25 years of service at the New York Hospital.

August: Dr. Kenneth I. Berns, chairman of the department of immunology and medical microbiology at the University of Florida College of Medicine and a noted authority in DNA/viral research, was appointed chairman of the department of microbiology of the medical college.

Ruth Stanton was co-chairman, with Eleanor Elliott, of the 1984 Women's Health Symposium, held in September.

September: Opening exercises marking the beginning of the academic year were held for first-year medical and graduate students. Dr. Maria New, chairman of the department of pediatrics, spoke on "Excellence and Compassion in Medicine in the Renaissance and Now" . . . The second annual Symposium on Women's Health focused on the topic, "Aging: Managing the Inevitable," with Gloria Steinem, co-founder of Ms. magazine, as the featured speaker . . . The Westchester Division dedicated a new combined adult and child and adolescent outpatient facility. Consolidation of ambulatory-care facilities in the new, two-story building anticipates continuation of a trend of short-term treatment backed by a comprehensive network of community services.

October: The William T. Foley Distinguished Professorship in Medicine was endowed by friends and patients of Dr. Foley, a clinical professor emeritus of medicine . . . A new program was announced to identify, recruit, and support young scientists who have shown exceptional talent in basic biomedical research. Called the Cornell Scholars in Biomedical Science and funded by part of the anonymous $50 million gift to the medical college, the new program provides for the selection annually of up to

five young teacher-scientists, each to receive $200,000 for salaries and research costs over three years. The first three scientists selected were Dr. Francis Barany, an assistant professor of microbiology; Dr. Leonard S. Schleifer, an assistant professor of neurology; and Dr. Daniel A. Nachshen, an assistant professor of physiology . . . Dr. William D. Arnold, director of the combined fracture service of the New York Hospital and Hospital for Special Surgery, died at the age of 59.

November: Dr. Bernard L. Horecker was named dean of the graduate school of medical sciences and associate dean of the medical college . . . Dedication ceremonies were held for the C.V. Starr Pavilion, a nine-level addition to the center, to be used for ambulatory-care and diagnostic facilities . . . Meanwhile, construction began on a 36-story residence on the northeast corner of 70th Street and York Avenue. The structure will meet the center's long-term need for residence units for nurses and other staff and units for transient use by patients or their families.

Dolly Parton, star of the third edition of Cabaret!, with event co-chairmen Mrs. Milton Petrie and Walter Wriston.

December: Dr. Bernice Grafstein, a professor of physiolgy and the first woman to serve as president of the Society for Neuroscience, was named the first Vincent and Brooke Astor Distinguished Professor of Neuroscience at the medical center . . . William S. Lasdon, a major benefactor of the center and member of the medical college's board of overseers, died at the age of 88.

January 1985: Dr. G. Tom Shires, surgeon-in-chief, succeeded Dr. Joseph Artusio, anesthesiologist-in-chief, as president of the hospital's medical board. Dr. George Reader, chairman of the department of public health, succeeded Dr. William Ledger, obstetrician- and gynecologist-in-chief, as secretary . . . Jerome H. Holland, a governor of the Society of the New York Hospital and a trustee emeritus of Cornell University, died at the age of 68.

February: The center marked passing the halfway point in its $300 million capital campaign . . . Dr. O. Wayne Isom, an internationally renowned surgeon, with more than 60 research papers to his credit, was named chairman of the division of cardiothoracic surgery in the department of surgery.

March: The third edition of Cabaret!, starring Dolly Parton and chaired by Walter B. Wriston and Mrs. Milton Petrie, raised more than $1.3 million for the medical center . . . John F. McGillicuddy, chairman of the board and chief executive officer of Manufacturers Hanover Corporation and Manufacturers Hanover Trust Company, was elected to the board of governors of the Society of the New York Hospital . . . Dr. Aaron Feder, a vital part of the life of the medical center for over 40 years, died at the age of 69.

The Vincent Astor Foundation, headed by Mrs. Astor, has been a leading benefactor of the medical center, most recently in endowing a distinguished professorship in neuroscience.

The outstanding success of the New York Hospital-Cornell Medical Center's $300 million capital campaign continued during 1984. As of March 31, 1985, a total of nearly $170 million in gifts and pledges had been received from individuals, foundations, and corporations.

Moving closer to the completion of the campaign in 1987, we are encouraged by the breadth and depth of our base of support. The campaign has brought together a dedicated cadre of old and new friends which holds enormous promise for the future of the medical center.

A recent highlight of this campaign was a gift from the late William S. Lasdon and from Mrs. Lasdon — $7.5 million — for the construction of a new biomedical research center. This magnificent gesture will greatly enhance the growth and vitality of our research in the decades to come.

In 1984, gifts from other individuals approached $10 million. Among these major donors were Ruth M. Bakwin, M.D., Iris and B. Gerald Cantor, Mr. and Mrs. Bernard Chaus, Jerome and Anne Fisher, Mrs. Patricia Stuart Gilbert, Lewis L. Glucksman, Isabelle R. Leeds, Mr. and Mrs. Henry J. Leir, Mr. and Mrs. John L. Loeb, Stavros Niarchos, William S. Paley, Mrs. Samuel A. Seaver, Mr. and Mrs. Stephen H. Weiss, John H. Young, Esq., and two anonymous donors.

A total of $4,268,820 in bequests and planned gifts were contributed to the medical center. This included $2,130,891 for the New York Hospital, and $2,137,929 for Cornell University Medical College. Especially significant were bequests of $1,250,000 from the estates of Irene F. and I. Roy Psaty for an endowed professorship in the department of medicine and of $500,000 from the estate of Janet Cook Loeb for cancer research.

Mr. and Mrs. John L. Loeb endowed the position of librarian of the medical college with a gift of $1.25 million.

Once again, foundations responded generously to our needs and contributed $15,016,879, a 58 percent increase over the previous year. Foundation support included the following: A gift of $3 million from the Starr Foundation for the renovation of inpatient facilities at the hospital; an anonymous gift to support young researchers within the department of psychiatry; and a gift of $1,250,000 from the Vincent Astor Foundation to establish the Vincent and Brooke Astor Distinguished Professorship in Neuroscience. The John A. Hartford Foundation made a grant of $744,000 for an operating-room-productivity study. From the Charles A. Dana Foundation came $600,000 to establish a unit in clinical epidemiology, and from the Horace W. Goldsmith Foundation $500,000 was received for research and fellowship support for the department of medicine.

Other significant grants were received from the following foundations: Rose M. Badgeley Charitable Trust, George F. Baker Trust, the Bodman Foundation, Children's Blood Foundation, the Clark Foundation, James J. Colt Foundation, Inc., the Commonwealth Fund, Frances K. and Edwin L. Cummings Memorial Fund, the Eleanor Naylor Dana Charitable Trust, Charles Engelhard Foundation, Fischbach Foundation Incorporated, Francis Florio Fund, the L.W. Frohlich Charitable Trust, and Howard Gilman Foundation.

Also the Griffis Foundation, Gladys and Roland Harriman Foundation, William Randolph Hearst Foundation, B.H. Homan, Jr. Charitable Trust, Human Cellular Biomedical Foundation, Carl C. Icahn Foundation, the Robert Wood Johnson Jr. Charitable Trust, the Robert Wood Johnson Foundation, Henry J. Kaiser Family Foundation, Harold and Juliet Kalikow Foundation, W.M. Keck Foundation, W.K. Kellogg Foundation, David H. Koch Charitable Foundation, G. Harold and Leila Y. Mathers Charitable Foundation, and Abby R. Mauzé Charitable Trust.

Also the Louis B. Mayer Foundation, the McKnight Foundation, New York Community Trust, Oxnard Foundation, the Perkin Fund, Charles H. Revson Foundation, the Rockefeller Foundation, Rockefeller Brothers Fund, Rosenfeld Heart Foundation, Helena Rubinstein Foundation, Inc., Priscilla M. and Richard J. Schmeelk Foundation, Sinsheimer Fund, Surdna Foundation, Inc., the Isaac H. Tuttle Fund, Frederick J. and Theresa Dow Wallace Fund, John L. Weinberg Foundation, the Harry L. Winston Research Foundation, Inc., Norman and Rosita Winston Foundation, Inc., and the Marie and John Zimmermann Fund, Inc.

Corporate contributions increased by 12 percent in 1984 for a total of $4,491,353. Leadership support was provided by American Telephone and Telegraph Company, Bankers Trust Company, the Bristol-Myers Fund, Inc., Burroughs Wellcome Company, CardioPulmonary Rehabilitation Centers, Carter-Wallace, Inc., the Chase Manhattan Bank, N.A., Citibank, N.A., the Continental Group, Inc., Dyson-Kissner-Moran Corporation, and Exxon Corporation.

A gift of $500,000 from B. Gerald and Iris Cantor will help build a new ambulatory-surgery area at the medical center.

Also the General Foods Fund, Inc., Hoffman-La Roche, Inc., Imclone Systems, Inc., Lederle Laboratories, McKinsey & Company, McNeil Pharmaceutical, Merck & Company, Miles Laboratories, Inc., Personal Products, Pfizer, Inc., Revlon, Inc., E.R. Squibb & Sons, Inc., Sterling Winthrop Research Institute, Viratech, Inc., and Warner Communications Foundation, Inc.

Research grants from the private sector totalled $9,509,866 in 1984, representing a 12 percent increase from 1983. This support is due primarily to the efforts of our medical center's physicians and scientists whose reputation for sound and innovative research is all-important in obtaining these grants.

Annual unrestricted giving for the medical center rose 51 percent, reaching $3,841,464 from 11,598 donors, up from the $2,550,086 contributed by 9,799 donors in 1983. Partners in Medicine, those who gave $1,000 or more, played a major role in this expansion. The Cornell University Medical College Fund reported a total of $724,141 in both restricted and unrestricted support for 1983-84, most of this coming from alumni of the medical college. This represents a growth of 34 percent over the previous year's total of $542,426. The medical college's Parents Fund raised $27,725 from 153 donors in 1983-84, a 20 percent increase over the $23,080 raised in 1982-83 from 107 donors.

Cabaret!, the annual gala party for the medical center, held in March 1985, was once again a delightful evening and a great financial success. Dolly Parton, a patient of Dr. Frederick Martens Jr., provided unique entertainment. Special thanks are due to Mrs. Milton Petrie and Walter Wriston for co-chairing this benefit, which brought in over $1.3 million.

In April, Dr. Robert Michels, chairman of the department of psychiatry, chaired his fourth Visitors Day. He was succeeded in November by Dr. R. Gordon Douglas Jr., chairman of the department of medicine. Thanks to the leadership of these physicians, their dedicated co-chairman, Mrs. C. Payson Coleman, a member of the Medical Center Advisory Board, and an active volunteer committee, these occasions attracted a full house to hear presentations of timely medical issues.

In May, we gave a dinner to thank the physicians and research scientists at the center who have been especially helpful in promoting our campaign goals. Their assistance and loyalty to the center are crucial to our future progress.

Vice Chairman for External Affairs Frank Markoe Jr. (left) with capital campaign co-chairmen Eleanor Elliott and Jansen Noyes Jr.

Our second annual Symposium on Women's Health was held in September. The theme, "Aging: Managing the Inevitable," attracted over 500 women leaders in the metropolitan area. Gloria Steinem gave the keynote address which was followed by presentations from well-known professionals, from both the center family and

Support from the William Randolph Hearst Foundation, led by Frank Bennack Jr., played a key role in the renovation of the laboratories of the department of microbiology.

The Belfer family and the Belfer Foundation, headed by Robert Belfer, have been a major source of endowment support in microbiology.

the worlds of business, communications, sports, and the performing arts. Mrs. Ronald P. Stanton, a member of the Medical Center Advisory Board, and Mrs. John Elliott Jr. co-chaired the symposium, assisted by a steering committee of distinguished New York women, and underwritten by generous gifts from Mrs. Toni Greenberg and Mrs. Leonard Lauder.

In November, under the chairmanship of Dr. and Mrs. Thomas J. Fahey Jr., the medical college sponsored its fourth annual Parents Day. After the program, more than 500 students, parents, and faculty members attended a reception in the newly refurbished F.W. Olin Hall gymnasium.

In February 1985, we were delighted to welcome more than 250 of our friends and family, including many of our physicians, to a reception celebrating our passing the half-way mark in the capital campaign.

The Medical Center Advisory Board, chaired by New York Hospital governor James H. Evans, met five times to receive in-depth briefings on current topics in health care and biomedical research, including a full range of cost-containment issues. The board is made up of business, professional, and community leaders who act as informed ambassadors, reporting on New York–Cornell's activities to all of our constituencies.

The Departmental Associates, composed of leading New Yorkers with special interests in medical education and scientific research, enhanced and strengthened its program in 1984 under the chairmanship of Sanford B. Ehrenkranz, a member of the Medical Center Advisory Board. With annual rotation among three clinical and three basic-science departments, Associates groups have now been formed in cell biology and anatomy, obstetrics and gynecology, pediatrics, pharmacology, physiology, and psychiatry. These active groups make a continuing contribution to the mission of the center.

Every aspect of our campaign has been superbly supported by Frank Markoe Jr., vice chairman for external affairs. He is chairman of the major gifts committee and he has overall administrative authority for the medical center's development and public affairs departments. We are grateful to the members of these hard-working departments for all they do to advance our goals.

We are also deeply grateful to the hospital's board of governors, the medical college's board of overseers, the Medical Center Advisory Board, the Departmental Associates, medical center physicians, medical college alumni, and the many hundreds of other professionals and volunteers who gave their energies, talents, and resources in 1984. All have shown their faith in the New York Hospital–Cornell Medical Center. Their continued enthusiastic support will assure the success of the campaign, and enable the center to enhance its leadership in patient care, teaching, and research.

Eleanor T. Elliott

Eleanor T. Elliott
Governor, The Society of the New York Hospital

Jansen Noyes, Jr.

Jansen Noyes Jr.
Life Overseer,
Cornell University Medical College

The Society of the New York Hospital, January 1—December 31, 1984

Revenues	$ Millions	%
Net Inpatient Revenue	236.7	85.8
Net Outpatient Revenue	23.3	8.4
Other Operating Revenue	10.4	3.8
Specific Purpose Funds Used to Support Current Operations	5.3	2.0
Total	$275.7	100.0%
Expenses		
Salaries, Wages and Benefits	185.3	67.3
Medical and Surgical Supplies, Pharmaceuticals & Other Expenses	81.9	29.7
Depreciation and Amortization	8.1	3.0
Total	275.3	100.0%
Operating Gain	$0.4	
Investment Income and Unrestricted Gifts	$3.4	
Balance Available For Required Equipment Replacement, Building Renovation, New Services, New Hospital Expenses, Etc.	$3.8	

Cornell University Medical College, July 1, 1983—June 30, 1984

Revenues	$ Millions	%
Tuition and Fees	6.0	5.1
Investment Income	6.7	5.7
Restricted Funds for Research and Training	27.5	23.3
State Appropriation	1.4	1.2
Indirect Cost Reimbursement	8.3	7.0
Faculty Practice Plan	56.9	48.3
Other Sources	11.1	9.4
Total Revenues:	$117.9	100.0%
Expenses		
Instruction and Research Training	9.8	8.3
Research	27.7	23.5
Libraries and Academic Support	2.0	1.7
Student Services and Student Financial Aid	3.6	3.0
General and Administrative Support	6.1	5.2
Plant Operations	6.0	5.1
Faculty Practice Plan	54.6	46.3
Debt Service	1.0	.9
Other Expenses and Transfers	7.1	6.0
Total Expenditures:	$117.9	100.0%

Statistical Summary 1984

Services to Patients	Laboratory	2,392,025
	Blood Bank	223,979
	Radioisotopes Services	45,155
	X-Ray Examinations	131,622
	Operations	20,171
	Deliveries	3,459
	Electrocardiograms	69,258
	Electroencephalograms	3,672
	Social Services Interviews	283,687
	Therapy Treatments (Physical, Occupational, Recreational)	250,914
	Transfusions	29,550
	Pharmacy Prescriptions	1,206,035
	Record Room-New Case Records	54,963
	Average Number of Full-Time Employees	5,797.0
Distribution of Beds	Private	
	Baker-Medicine	80
	Baker-Surgery	44
	Obstetrics and Gynecology	29
	Pediatrics	5
	Total Private	158
	Semi-Private	
	Medical/Surgical	462
	Two-Bed Baker-Medicine	51
	Two-Bed Baker-Surgery	25
	Urology	61
	Obstetrics and Gynecology	124
	Pediatrics	107
	Total Semi-Private	830
	Sub-Total Manhattan Division	988
	Newborn Bassinets	44
	Payne Whitney Clinic	108
	Total Manhattan Division	1,140
	The Westchester Division	322
	Grand Total	1,462
Patient Care	Patients Admitted Manhattan Division	37,735
	Newborn	3,452
	Payne Whitney Psychiatric Clinic	963
	The Westchester Division	1,194
	Total	43,344
	Patient Days, All Divisions Including Newborn	477,896
	Day Hospital Treatments	
	Payne Whitney Psychiatric Clinic	562
	Westchester Division	11,029
	Visits to Outpatient Clinics	192,809
	Visits to Emergency Pavilion	42,620

Educational Program

Medical Students	411
Graduate Students	115
M.D.-Ph.D. Students *(medical and graduate enrollments)*	44
Degrees Conferred *(1983-84 academic year)*	138
M.D.	113
Ph.D.	23
M.S.	2
Faculty *(including all affiliates — 1983-84 academic year)*	2,424
Full-Time	968
Part-Time	35
Voluntary	1,421
House Staff *(NYH-CMC only)*	456
Health-Related Students:	
Dental Hygienists	4
Dietetic Interns	21
Medical Social Workers	6
Surgical Assistants	34
Samuel J. Wood Library *(1983-84 academic year)*	
Users	352,696
Journals (titles)	1,988
Total Volumes	128,002
New Books Received	3,713

Profile of Entering Medical Students September 1984 (101 admitted out of total applicant pool of 5,861)

Men	61
Women	40
Minorities	21
New York State Residents	55
College Majors	Science (78); Non-Science (23)

Universities with Two or More Graduates Admitted:

Cornell University	14	Amherst College	3
Yale University	9	Hamilton College	2
Univ. of Pennsylvania	8	Harvard University	2
Princeton University	6	Manhattan College	2
Brown University	4	University of Colorado	2
Columbia University	4	UCLA	2
Johns Hopkins University	4	Wesleyan University	2

Research (July 1, 1983—June 30, 1984)

Federally Sponsored Research—Total Funding	$25,701,094
Privately Sponsored Research—Total Funding	$9,409,192
Research Projects Funded—New and Renewals	313
Research Publications	498

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Auxiliary

Founded in 1912 by the wives of three hospital governors — and numbering more than 100 members today — the Auxiliary of the Society of the New York Hospital carries on a 73-year tradition of support for the hospital. In the days before the existence of governmental public assistance, the ladies of what was first known as the Social Service Committee aided the hospital's social service department by providing money, advice and provisions for the benefit of needy patients.

In later decades, the organization established the patients library and the volunteer department — both of which have grown into independent entities — and the gift and thrift shops, which the auxiliary continues to operate. In 1958, recognizing that its activities had expanded beyond its social service origins, the committee reconstituted itself as the Women's Auxiliary of the Society of the New York Hospital. More recently, it dropped its gender identification and became simply the "auxiliary."

During 1984, the auxiliary contributed about $210,000 to the New York Hospital for a variety of purposes. The largest single sum, $130,000, went for the renovation of the intensive care unit on Payson-4.

Through its art committee, the auxiliary supports the purchase of art works for hallways, offices and patient areas. In the past year, the committee devoted special attention to furnishing art for the Payne Whitney Clinic and to restoring works donated by Mr. Herman Stich for the Hermine Neustadtl Stich Radiation Therapy Center.

The auxiliary also supports the publication of a quarterly newsletter that appears in the newspaper *Our Town*; provides funds for the department of social work's diversional crafts program; and contributes to Volunteer Services for the Elderly of Yorkville. Plans are currently being made for a theater benefit in 1985.

Volunteers

An enthusiastic and committed group of volunteers last year contributed more than 50,000 hours to the hospital. Volunteers can be found in virtually every department, performing a great variety of tasks that includes visiting and writing letters for patients and aiding in the feeding of stroke victims. In addition to their regular assignments, volunteers participated this past year in such special projects as Women's Health Day, a symposium sponsored by the medical center's office of women in medicine, and Visitors Days, in which volunteers served as guides for the center's guests. Volunteers also contributed to the success of blood drives and book sales and performed many on-the-spot clerical assignments.

Awards for service through 1984 are as follows:

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Anne Schemer

10 Years
Margaret Lynn

5 Years
Eleanor Blake
Rita Castor
Kenneth Z. Dorland
Kay M. Devenney
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John Frings
Frederika Heinemann
Demerah Hofstadter
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Ruth Trimble Livingston
Tom Mendl
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Nancy Philson
Ruth M. Strassner

10,000 Hours
Ryde Waxter

9000 Hours
Antoinette Hultmark

8000 Hours
Violet Berg

6000 Hours
Elizabeth Huebener

4000 Hours
Rosita Maldonado

3000 Hours
John Frings
Jane Kreuttner
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The New York Hospital-Cornell Medical Center represents an affiliation of the New York Hospital and Cornell University Medical College. Physicians at the medical center have appointments in both institutions.

Chiefs of service at the New York Hospital, with the exception of the physiatrist-in-chief, serve as chairmen of corresponding clinical departments of Cornell University Medical College. Physicians at the hospital have faculty appointments in the medical college. For the sake of simplicity, however, the center's clinical faculty are listed here only by their hospital titles.

In addition to the clinical departments, the center also has six basic-science departments. Since the work of these departments consists almost entirely of teaching and research, many basic-science faculty do not have hospital appointments. They are, therefore, listed here by academic title.

The medical center has affiliations with a number of institutions, including the Hospital for Special Surgery, the Burke Rehabilitation Center, Memorial Sloan-Kettering Cancer Center, North Shore University Hospital, Catholic Medical Center of Brooklyn and Queens, St. Barnabas Hospital, the Will Rogers Institute, and LaGuardia Hospital. Because of space limitations, professional staff at these institutions who do not have New York Hospital appointments are not listed in the following pages.

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Brian W. Hainline, M.D.
Harriet O. Kotsoris, M.D.
Joelle Mast, M.D.
Michael P. Sethna, M.D.
Mark J. Tramo, M.D.
Mark H. Tuszynski, M.D.
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Obstetrics and Gynecology

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Fritz Fuchs, M.D.
William P. Given, M.D.
Edward A. Graber, M.D.
Arthur V. Greeley, M.D.
Walter B. Jones, M.D.
Elmer E. Kramer, M.D.
Robert Landesman, M.D.
John L. Lewis Jr., M.D.
Joseph N. Nathanson, M.D.
Richard A. Ruskin, M.D.
S. Francis Ryan, M.D.
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Ronald M. Caplan, M.D.
Lars L. Cederqvist, M.D.
Jerome G. Davis, M.D.
Maurice L. Druzin, M.D.
Frederick W. Martens, M.D.
Bernard N. Nathanson, M.D.
Melville A. Platt, M.D.
Desider J. Rothe, M.D.
Frederick Silverman, M.D.
E. Thomas Steadman, M.D.
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Patricia Conrad, M.D.
Lawrence E. Cutler, M.D.
Richard J. Derman, M.D.
Vincent du Vigneaud Jr., M.D.
Terri Edersheim, M.D.
George B. Feldman, M.D.
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Jennie A. Freiman, M.D.
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Enayat Hakim-Elahi, M.D.
Marcia A. Harris, M.D.
Andre Heltai, M.D.
J. Milton Hutson, M.D.
Edward I. Jacobson, M.D.
David F. James, M.D.
Radoslav Jovanovic, M.D.
Robert E. Kaye, M.D.
Alan A. Kessler, M.D.
Louis J. Lissak, M.D.
Robert N. Melnick, M.D.
Edward K.C. Mok, M.D.
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Reginald T. Puckett, M.D.
Zoltan I. Saary, M.D.
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Ida Ellen Schwab, M.D.
Daniel H. Smith, M.D.
Michael J. Strongin, M.D.
Fouad Surur, M.D.
Yvonne S. Thornton, M.D.
Attila Toth, M.D.
Miklos Toth, M.D.
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Ophthalmology

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Ira H. Kaufman, M.D.
Harvey A. Lincoff, M.D.
Alfred E. Mamelok, M.D.
Walter L. Peretz, M.D.
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Richard C. Troutman, M.D.
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Thomas D. Cherubini, M.D.
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Laurence S. Harris, M.D.
David B. Karlin, M.D.
Peter L. Laino, M.D.
Richard S. Muchnick, M.D.
Suzanne Veronneau, M.D.
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Scott E. Brodie, M.D.
Vincent P. deLuise, M.D.
Yale L. Fisher, M.D.
Judith E. Gurland, M.D.
Murk-Hein Heinemann, M.D.
Yaffa Kahanowicz, M.D.
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Norman B. Medow, M.D.
Gerard M. Nolan, M.D.
Peter M. Odell, M.D.
David B. Pearce, M.D.
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Calvin W. Roberts, M.D.
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Gail E. Solomon, M.D.
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Associate Attending Psychiatrist
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Patricia Winchester, M.D.
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Suroor Alam, M.D.
Barry C. Altura, M.D.
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Franz-Josef Baska, M.D.
Renee M. Brilliant, M.D.
Joel A. Brochstein, M.D.
Arthur E. Brown, M.D.
Jeffrey L. Brown, M.D.
James B. Bussel, M.D.
Brenda I. Caparros, M.D.
Ralph E. Caprio, M.D.
Walter T. Carpenter, M.D.
Barbara A. Dash, M.D.
Jeffrey H. Dobken, M.D.
Gloria T. Edis, M.D.
Murray Engel, M.D.
Samuel S. Fager, M.D.
Nunzia Fatica, M.D.
John J. Ferry Jr., M.D.
Michael P. Fitzgerald, M.D.
Patricia-Jane Giardina, M.D.
Mark S. Glassman, M.D.
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Katherine A. Hajjar, M.D.
Counce H. Hancock, M.D.
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Mary T. Horan, M.D.
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Daniel B. Kessler, M.D.
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Uri Lavy, M.D.
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Reginald D. McLaughlin, M.D.
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Ruth D. Nass, M.D.
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Rajendra N. Pahwa, M.D.
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Rueben H. Reiman, M.D.
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Phyllis W. Speiser, M.D.
Gerald M. Spielman, M.D.
William Spivak, M.D.
Joel Steckelman, M.D.
Ralph Stein, M.D.
Laurel J. Steinherz, M.D.
Mitchell A. Stevens, M.D.
Elizabeth Stoner, M.D.
Jerzy A. Szatkowski, M.D.
Mary Y. Y. Tsai, M.D.
Russell W. Walker, M.D.
Priscilla J. Ware, M.D.
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Jan L. Breslow, M.D.
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Jesus I. Espinoza, M.D.
Diane B. Gareen, M.D.
Doris Goldberg, M.D.

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Lisa Cooper Hudgins, M.D.
Elizabeth T. Khuri, M.D.
Phyllis S. Landau, M.D.
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Joseph D. DeCristofaro, M.D.
Joan Di Martino-Nardi, M.D.
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David J. Emmanuel, M.D.
Elsie C. Estrada, M.D.
Kira A. Geraci-Ciardullo, M.D.
Alfred P. Gillio III, M.D.
Michael A. Giuliano, M.D.
David L. Hornick, M.D.
Brian Kushner, M.D.
Jong-Hyo Kwon, M.D.
Joseph Laver, M.D.
Norma B. Lerner, M.D.
Jo-Ann Marx, M.D.
Richard G. Merkler, M.D.
Francisco Montano, M.D.
Robin Nemery, M.D.
Meryl F. Newman-Cedar, M.D.
Pius J.A. Powers, M.D.
Arlene Redner, M.D.
Samuel J. Rodriguez, M.D.
Indira Sahdev, M.D.
Hironobu Sasano, M.D.
Marjorie Schulman, M.D.
Wei-Ping Violet Shen, M.D.
Trudy N. Small, M.D.
Barney Softness, M.D.
Sandy I. Tarant, M.D.
Jean W. Temeck, M.D.
Peter Varga, M.D.
Randi S. Wasserman-Hoff, M.D.
Josiah F. Wedgwood, M.D.
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Psychiatry

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Lawrence Friedman, M.D.
William A. Frosch, M.D.
Sheldon Gaylin, M.D.
Ira D. Glick, M.D.
Jimmie C.B. Holland, M.D.
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Otto F. Kernberg, M.D.
James F. Masterson, M.D.
Wayne A. Myers, M.D.
Jacques M. Quen, M.D.
Clifford J. Sager, M.D.
Charles A. Shamoian, M.D.
Theodore Shapiro, M.D.
Stefan P. Stein, M.D.
Daniel N. Stern, M.D.
Peter E. Stokes, M.D.
John A. Talbott, M.D.
Milton Viederman, M.D.
Attending Psychiatrist (Behavioral Science)
Gerard P. Smith, M.D.
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Abdol H. Samiy, M.D.
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Alan A. McLean, M.D.
Robert B. Millman, M.D.
Saverio G. Mortati, M.D.
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Eli Einbinder, M.D.
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Vivian Fromberg, M.D.
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M. Katherine Shear, M.D.
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Norman Berkowitz, M.D.
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Jay S. Kwawer, Ph.D.
Bernard Landis, Ph.D.
Ruth F. Lax, Ph.D.
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Steven Mattis, Ph.D.
Michel Radomisli, Ph.D.
John M. Ross, Ph.D.
Fred Schwartz, Ph.D.
Blanche L. Serwer, Ph.D.
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Susan Bram, Ph.D.
Phillida F. Brown, Ph.D.
Betty Buchsbaum, Ph.D.
Monica Carsky, Ph.D.
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Barbara Fibel, Ph.D.
Jerome L. Fine, Ph.D.
Howard I. Glazer, Ph.D.
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Stephen W. Hurt, Ph.D.
Paul Hymowitz, Ph.D.
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James C. Rembar, Ph.D.
Ruth C. Resch, Ph.D.
Michael G. Rothenberg, Ph.D.
Arden Rothstein, Ph.D.
Eleanor H. Rutstein, Ph.D.
Sylvia Saltzstein, Ph.D.
Peter J. Schlachet, Ph.D.

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Dionne R. Powell, M.D.
Girard E. Robinson, M.D.
Jean Roiphe, M.D.
Robert P. Sbriglio, M.D.
Lynn Schackman, M.D.
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Lisa Sinsheimer, M.D.
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Radiology

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Leslie A. Saint-Louis, M.D.
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David A. Schultz, M.D.
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Rehabilitation Medicine

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Robert W. Sury, M.D.

Surgery

Surgeon-in-Chief
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General Surgery

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Edward I. Goldsmith, M.D.
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S. Frank Redo, M.D.**
Albert L. Rubin, M.D.
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George E. Wantz, M.D.
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Attending Surgeon-in-Charge — Vascular Surgery Division
**Attending Surgeon-in-Charge — Pediatric Surgery Division*

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Peter M. Guida, M.D.
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Stuart D. Saal, M.D.
Michael F. Silane, M.D.
Paul A. Skudder, M.D.
William T. Stubenbord, M.D.
John F. Sullivan, M.D.
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Brian C. Organ, M.D.
Arthur W. Perry, M.D.
John Paul Roberts, M.D.
Surgeons
Timothy S. Melester, M.D.
Michael P. Moore, M.D.
Norman A. Shoenfeld, M.D.
Mark L. Silen, M.D.
Angela M. Soto, M.D.
Giles F. Whalen, M.D.
Assistant Surgeons
Gabriel S. Aldea, M.D.
William A. Anderson, M.D.
James P. Anthony, M.D.
Allyson A. Askew, M.D.
Anne Marie Billingsley, M.D.
Mary S. Brady, M.D.
Kenneth J. Bregg, M.D.
Anthony C. Cahan, M.D.
David Calcagno, M.D.
Donald J. Cally, M.D.
W. Michael Canning, M.D.
Daniel G. Ciaburri, M.D.
James L. Clarke, M.D.
Lawrence H. Durban, M.D.
David E. Eisenbud, M.D.
Irwin Elstein, M.D.
Gary A. Fantini, M.D.
Yuman Fong, M.D.
Henri R. Ford, M.D.
Neil B. Friedman, M.D.
Andrew I. Glantz, M.D.
Mark S. Gordon, M.D.
Jeffrey I. Gorelick, M.D.
Heidi D. Gorsuch, M.D.
Robert T. Grant, M.D.
Paul H. Halebian, M.D.
David G. Hesse, M.D.
H. Stephen Hudgens, M.D.
Allen B. Jetmore, M.D.
William G. Jones II, M.D.
Mazen Khayata, M.D.
Marisa Lawrence, M.D.
Dougald C. MacGillivray, M.D.
Michael A. Marano, M.D.
William W. Mayo-Smith, M.D.
Joseph P. Minei, M.D.
Steven L. Parker, M.D.
Douglas E. Paull, M.D.
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Alan I. Reed, M.D.
Neal D. Shore, M.D.
James R. Taylor Jr., M.D.
Kevin J. Tracey, M.D.
Eric B. Whitacre, M.D.

Cardiothoracic Surgery

Medical Staff

Attending Surgeons
Cranston W. Holman, M.D.
George R. Holswade, M.D.
Associate Attending Surgeons
John C. McCabe, M.D.
Arthur J. Okinaka, M.D.
Valavanur A. Subramanian, M.D.
Assistant Attending Surgeon
Paul E. Stelzer, M.D.

Graduate Staff

Thoracic Surgeons
Michael E. Burt, M.D.
Carolyn E. Reed, M.D.
Assistant Thoracic Surgeons
Richard C. Richter, M.D.
Newell B. Robinson, M.D.

Dental and Oral Surgery

Medical Staff

Attending Oral Surgeon-in-Charge
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Attending Dentist
John J. Putnam, D.D.S.
Associate Attending Dentist (Endodontist)
Nelson I. Mendell, D.M.D.
Associate Attending Dentist (Myo-Functional Therapy)
Harvey Miller, D.D.S.
Associate Attending Dentist (Orthodontist)
Joseph D. Davis, D.D.S.
Associate Attending Dentists (Periodontists)
Seymour M. Koteen, D.D.S.
Joseph E. Rowan, D.D.S.
Associate Attending Dentists (Prosthodontists)
Gerald M. Galvin, D.D.S.
Jason C. Lee, D.D.S.
Ivin B. Prince, D.D.S.
Associate Attending Dentist (Roentgenologist)
J. Kenneth Schmidt, D.M.D.
Associate Attending Dentist (TMJ)
Leonard E. Quitt, D.D.S.
Associate Attending Dentists
Lawrence A. Behrman, D.D.S.
Ernest R. Piccaro, D.D.S.
Assistant Attending Oral Surgeons
Steven M. Baum, D.D.S.
David A. Behrman, D.M.D.
Thomas M. Darrigan, D.D.S.
Arthur C. Elias, D.M.D.
Michael R. Glogoff, D.M.D.
Jerry L. Halpern, D.D.S.
Andrew J. Hauser, D.D.S.
Claudia B. Kaplan, D.D.S.
Frederick M. Lifshey, D.D.S.
Peter H. Pruden, D.D.S.
Steven J. Tunick, D.M.D.
Assistant Attending Dentist (Endodontist)
Joseph M. Leavitt, D.D.S.
Assistant Attending Dentist (Orthodontist)
Marc S. Lemchen, D.M.D.
Assistant Attending Dentists (Pedodontists)
David J. Levine, D.D.S.
Jack L. Mitchell, D.D.S.
Assistant Attending Dentists (Periodontists)
Barry M. Libin, D.D.S.
Philip D. Pack, D.M.D.
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Assistant Attending Dentists
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Louis Marino, D.D.S.
Jonathan Prince, D.D.S.
Steven Saltzman, D.D.S.
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Gregory W. Sanford, D.M.D.

Graduate Staff
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Assistant Oral Surgeon
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Frank Hunter, D.D.S.
Kathleen Morris-Albert, D.D.S.

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Attending Surgeon
Richard A.R. Fraser, M.D.
Associate Attending Surgeon
Joseph H. Galicich Jr., M.D.
Assistant Attending Surgeons
Francis W. Gamache Jr., M.D.
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Surgeon
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Assistant Surgeons
David W. Andrews, M.D.
Jamshid B.G. Ghajar, M.D.
Robert B. Snow, M.D.

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Attending Surgeons
John H. Doherty, M.D.
Allan E. Inglis, M.D.
John N. Insall, M.D.
Bernard Jacobs, M.D.
Joseph M. Lane, M.D.
David B. Levine, M.D.
Chitranjan S. Ranawat, M.D.
Leon Root, M.D.
Eduardo A. Salvati, M.D.
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John P. Lyden, M.D.*
Peter J. Marchisello, M.D.
Ralph C. Marcove, M.D.
Thomas P. Sculco, M.D.
Russell F. Warren, M.D.
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Samuel Avnet, M.D.
John H. Healey, M.D.
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Mauro M. Cataletto, M.D.
Charles Cornell, M.D.
William F. Donaldson III, M.D.
Harry E. Figgie III, M.D.
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Cary D. Glastein, M.D.
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Michael A. Kelly, M.D.
Thomas M. Mauri, M.D.
Gerald M. Rosenberg, M.D.
Robert E. Schwartz, M.D.
Dennis J. Sullivan, M.D.
Bert J. Thomas, M.D.
Kevin G. Vesey, M.D.
Joanne R. Werntz, M.D.
Michael G. Zahn, M.D.
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David W. Altchek, M.D.
Abraham T. Appleton, M.D.
Oheneba Boachie-Adjei, M.D.
Roberta Brockman, M.D.
Steven N. Brourman, M.D.
Daniel D. Buss, M.D.
Frank P. Cammisa Jr., M.D.
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J. Andrew Hallberg, M.D.
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Martin E. Kessler, M.D.
Carroll B. Lesesne, M.D.
Assistant Surgeons
Philip M. Godfrey, M.D.
Amie A. Malihan, M.D.
Elaine E. Vellas, M.D.

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Russell W. Lavengood Jr., M.D.
Victor F. Marshall, M.D.
John H. McGovern, M.D.
Edward C. Muecke, M.D.
Willet F. Whitmore Jr., M.D.
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John W. Coleman, M.D.
Harry W. Herr, M.D.
David T. Mininberg, M.D.
W. Reid Pitts Jr., M.D.
Jon M. Reckler, M.D.
Assistant Attending Surgeons
Neil H. Bander, M.D.
John A. Fracchia, M.D.
Marc Goldstein, M.D.
James P. McCarron Jr., M.D.
Thomas P. McGovern, M.D.
Piero O. Niceta, M.D.
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Joseph N. Ward, M.D.
Clinical Affiliates
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Robert S. Waldbaum, M.D.

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R. Ernest Sosa, M.D.
Surgeons
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Pulmonary Function
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Obstetrical/Gynecological/ Pediatric Nursing

Basic Science Departments, Cornell University Medical College

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Adele L. Boskey, Ph.D.
Thomas E. Duffy, Ph.D. (neurology)
Jack Goldstein, Ph.D.
Owen W. Griffith, Ph.D.
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Abraham Novogrodsky, Ph.D.
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Suresh S. Tate, Ph.D.
Daniel Wellner, Ph.D.
Kenneth R. Woods, Ph.D.
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Jhoong S. Cheigh, M.D.
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Jerald D. Gass, Ph.D.
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Adjunct Associate Professors of Biochemistry
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Helena Gilder, M.D.
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Assistant Professors of Biochemistry
Arthur J.L. Cooper, Ph.D. (neurology)
James S. Cornell, Ph.D.
Edward T. Schubert, Ph.D. (pediatrics)
Raymond Lockard, Ph.D.
Instructor in Biochemistry
R. Donald Allison, Ph.D.

Cell Biology and Anatomy

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J. Michael Bedford, Ph.D.
Dana C. Brooks, M.D.
Wilbur D. Hagamen, M.D.
Thomas H. Meikle Jr., M.D.
Toby C. Rodman, Ph.D.
Julio L. Sirlin, D.Sc.
Roy C. Swan, M.D.
(Joseph C. Hinsey Professor of Cell Biology and Anatomy)
Professor of Clinical Anatomy in Cell Biology and Anatomy
Alan E. Inglis, M.D. (H.S.S.)
Adjunct Professors of Cell Biology and Anatomy
Celso Bianco, M.D. (N.Y. Blood Center)
David M. Phillips, Ph.D. (Rockefeller U.)
Tomoh Masaki, Ph.D., M.D.
Visiting Professor of Cell Biology and Anatomy
Takashi Obinata, M.D.
Associate Professors of Cell Biology and Anatomy
Rosemary Bachvarova, Ph.D.
Fakhry G. Girgis, Ph.D., M.D.
Michael Risley, Ph.D.
Enrique Rodriguez-Boulan, M.D.
John C. Weber, D.D.S.
Adjunct Associate Professors of Cell Biology and Anatomy
Martin D. Hamburg, Ph.D. (Suffolk Child Developmental Center)
Barry B. Kaplan, Ph.D.
Assistant Professors of Cell Biology and Anatomy
David Bader, Ph.D.
Moses Chao, Ph.D. (medicine)
Cheryl Drefus, Ph.D. (neurology)
Domenick Falcone, Ph.D.
John Hefton, Ph.D.
Joel Pardee, Ph.D.
Paula Traktman, Ph.D.
Doris A. Wall, Ph.D.
Assistant Professor of Clinical Cell Biology and Anatomy
Paul Pellicci, M.D. (H.S.S.)
Adjunct Assistant Professors of Cell Biology and Anatomy
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Barbara McGuire, Ph.D. (Rockefeller U.)
Adjunct Instructor in Cell Biology and Anatomy
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Senior Research Associate in Cell Biology and Anatomy
Fred H. Pruslin, Ph.D.
Research Associates in Cell Biology and Anatomy
Victor DeLeon, Ph.D.
Barbara Paynton, Ph.D.
Barry Zadeh, M.D.
Senior Lecturer in Cell Biology and Anatomy
Daniel Gomez, Ph.D.
Lecturer in Cell Biology and Anatomy
Jacqueline M.S. Winterkorn, Ph.D., M.D.
Post-Doctoral Associates in Cell Biology and Anatomy
Marina Bouche, Ph.D.
Wai Chang Ho, Ph.D.
Anuradha A. Saad, Ph.D.
Pedro Salas, M.D., Ph.D.
Teaching Assistant in Cell Biology and Anatomy
John R. Matyas, B.A.
Graduate Research Assistants in Cell Biology and Anatomy
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David Batter, B.S.
Alice Brock, M.S.
Charles R. Buck, M.S.
Maria Cruz-Bracho, M.S.
Steven Einheber, B.S.
Elizabeth V. Evans, B.A.
Doris Gundersen, M.A.
Myriam S. Kunzi, B.A.
Patrice M. Moncrieff, B.S.
Amita Sehgal, M.S.
Pearl Weisinger, B.A.
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James Dennis, M.A.
Dora Salas, M.D.

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Lecturer in Microbiology
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Pharmacology

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C. Quilley
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Chiann-Tso Lin, Ph.D.
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Mark Pecker, M.D.
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Henry J. Sackin, Ph.D.
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Ernest Natke Jr., Ph.D.
Instructor in Physiology
Susan Jones, Ph.D.
Postdoctoral Associates in Physiology
Johnny Alencherry, M.D.
Mary E. Anderson, Ph.D.
Edna Antonian, Ph.D.
Donald W. Burmeister, Ph.D.
Lee D. Chabala, Ph.D.
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Hirsch Ruchlin, Ph.D. (economics)
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Gerald Palevsky, Eng. Sc.D., P.E. (engineering)
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Edward A. Wolfson, M.D., M.P.H.
Adjunct Professor of Clinical Public Health
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Associate Professor of Public Health
Lewis M. Drusin, M.D., M.P.H.
Associate Professors of Clinical Public Health
Elizabeth T. Khuri, M.D.
Kenneth Tardiff, M.D.
Clinical Associate Professors of Public Health
Carl A. Berntsen Jr., M.D.
Susan Anderson Kline, M.D.
Daniel G. Miller, M.D.
Cladd Stevens, M.D., M.P.H.
Alice Ullmann, M.S. (social work)
Adjunct Associate Professors of Public Health
Martin D. Hyman, Ph.D.
Mary J. Kreek, M.D.
Emil Pascarelli, M.D.
Steven Phillips, M.D., M.P.H.
Assistant Professors of Public Health
Gilbert Botvin, Ph.D. (psychology)
Ross Brower, M.D.
Madelon L. Finkel, Ph.D.
Nancy Geller, Ph.D.
Linda Gerber, Ph.D.
James H. Godbold Jr., Ph.D. (biostatistics)
Susan Groshen, Ph.D.
John Nicholson, M.D. (medicine)
Thomas Wills, Ph.D. (psychology)
Ann G. Zauber, Ph.D. (biostatistics)
Assistant Professors of Clinical Public Health
Robert Braham, M.D.
Jon Kerner, Ph.D.
Mary Ellen Warshauer, M.A.
Clinical Assistant Professors of Public Health
Gabriele Bondi, M.D., M.P.H.
Karolyn Siegel, Ph.D.
Mike Stehney, M.D.
Carol W. Wilkinson, M.D., M.S.P.H.
Edith Zang, Ph.D. (biostatistics)
Adjunct Assistant Professor of Public Health
William Loery, M.D., M.P.H.
Visiting Lecturers
Cynthia Hosay, Ph.D.
David Pomrinse, M.D.
Robert Biblo
Instructor in Public Health
Angela R. Falcone, M.P.H.
Clinical Instructor in Public Health
Rosemary Clemens, Ph.D.
Research Associates in Public Health
Eli Baker, Ph.D.
Charlotte M. Hamill, M.A., M.S.W.
Peter Schnall, M.D.
Staff Associate in Public Health
Stephen Mills, M.P.H.
Teaching Associates in Public Health
Martha Hickerson, M.S.W.
Andrea Scheidt, M.P.H.

Deaths

We record with great sorrow the passing during 1984 of the following members of the center's professional staff and faculty:
Arthur F. Anderson, M.D.
Honorary Staff (Pediatrics)
William D. Arnold, M.D.
Attending Surgeon (Orthopedic Surgery)
Barbara S. Ashe, M.D.
Clinical Affiliate (Pediatrics)
John T. Cole, M.D.
Emeritus Staff (Obstetrics and Gynecology)
Michael Lake, M.D.
Emeritus Staff (Medicine)
John MacLeod, Ph.D.
Emeritus Professor of Cell Biology and Anatomy
Donald G. Rawlinson, M.D.
Assistant Attending Neurologist
Paul Reznikoff, M.D.
Honorary Staff (Medicine)

A Gift to the New York Hospital-Cornell Medical Center

For the Guidance of Your Attorney

Gifts and bequests are an important source of funding for the New York Hospital-Cornell Medical Center. A gift to the New York Hospital-Cornell Medical Center gives aid to the ill and the distressed, supports programs that educate doctors for the future, and makes possible research to stamp out disease, helping people today and generations yet unborn.

The medical center encourages gifts without restriction so as to permit greater facility in planning and administering its extensive and complex programs of patient care, medical education and research.

If a bequest is made to the medical center, the language may be, "I give and bequeath to The New York Hospital-Cornell Medical Center Fund Inc. the sum of $_____."

Gifts may be made in a number of ways, such as by money (check or cash), by securities, by testamentary devise (land) or by inter-vivos or testamentary trust.

Because the institutions constituting the New York Hospital-Cornell Medical Center are voluntary, non-profit institutions (the New York Hospital and Cornell University Medical College) contributing to the public welfare, gifts to the medical center by individuals or corporations are exempt from income, gift and inheritance taxes to the extent and in the manner provided by federal and state laws.

An estate affairs program has been established at the medical center. The program complements its traditional sources of philanthropic support by offering deferred-giving opportunities through charitable remainder trusts that can benefit donors as well as the medical center.

The Society of the New York Hospital, which maintains the New York Hospital, is a corporation created by Royal Charter granted by King George III of England in 1771. The suggested terminology for an unrestricted devise or bequest to or for its benefit is: "I give, devise and bequeath to The Society of the New York Hospital Fund, Inc., a corporation created under the New York State Not-for-Profit Corporation Law and located in New York City, New York... (description of the property) to be used for the general corporate purposes of The Society of the New York Hospital as its board of directors should determine."

If a bequest is made to the medical college, the language may be: "I give and bequeath to Cornell University the sum of $_____ for use in connection with its Medical College in New York City."

If it is desired that a gift or bequest shall be used in whole or in part for any specific purpose in connection with the hospital, medical college or medical center, such use may be specified.

Further information about making a gift to the hospital may be obtained from the Office of the Secretary, The Society of the New York Hospital, 525 East 68th Street, N.Y., N.Y. 10021 (212-472-5645). Further information about making a gift or bequest to the medical college may be obtained from the Secretary of the Cornell University Medical College, 1300 York Avenue, Room F-100, N.Y., N.Y. 10021 (212-472-8397).

Inquiries about gifts to the Medical Center Fund Inc. can be directed to either of the above or to Mr. Vincent J. Spinelli, Director of Development, 525 East 68th Street, New York, New York 10021 (212-472-6704).

The New York Hospital–Cornell Medical Center
525 East 68th Street New York, N.Y. 10021